

Case Number:	CM14-0187952		
Date Assigned:	11/18/2014	Date of Injury:	02/12/2008
Decision Date:	01/06/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female who sustained a work related injury on February 12, 2008. Mechanism of injury was not stated. According to the progress report on September 24, 2014 the diagnoses are lumbar radiculopathy, post lumbar laminectomy syndrome and spinal/lumbar degenerative disc disease. The injured worker also has persistent neck pain radiating to both arms and hands associated with hand numbness which is worse at night. A cervical magnetic resonance imaging on August 4, 2014 was compared to the October 1, 2012 study showing no significant changes at cervical 7- thoracic 1, multilevel hypertrophic facet changes with mild to moderate right neural foraminal stenosis at cervical 3-4 and C7-T1 and mild to moderate left neural foraminal stenosis at C6-7. There was limited visualization of the upper thoracic spine which again demonstrated a partial fusion at thoracic 3-4 from the previous study and a thoracic 4-5 disc space with a 2-3 millimeter broad based and postlateral disc bulge which was again unchanged and stable. The objective findings on examination of the thoracic spine were within normal limits. On palpation, the lumbar and cervical spine range of motion was limited by pain with tenderness and tight muscle band noted bilaterally in the lumbar region and on the right side of the cervical area. The treatment plan to date consists of pain control with medication. The injured worker is not interested in a trial spinal cord stimulator according to the progress report of September 24, 2014. The injured worker is prescribed modified duty and is currently not working. The treating physician has requested Zanaflex 4 mg #30 times 1 refill. On November 4, 2014 the Utilization Review denied certification for Zanaflex 4mg qty 30 with 1 refill. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines were utilized in the decision process noting no evidence of clear efficacy for long term usage.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Zanaflex 4mg tab x 30, refill 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle Relaxants (for pain) and Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, post lumbar laminectomy syndrome, and spinal/lumbar degenerative disc disease. In addition, there is documentation of Zanaflex used as a second line treatment. However, there is no documentation of spasticity. In addition, given documentation of records reflecting prescriptions for Tizanidine since at least 5/2/14, there is no documentation of the intention to treat over a short course (less than two weeks) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zanaflex use to date. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4mg tab x 30, refill 1 is not medically necessary.