

Case Number:	CM15-0002430		
Date Assigned:	01/14/2015	Date of Injury:	04/11/2014
Decision Date:	03/13/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 61 year old male with an injury date of 04/11/14. Based on the 08/07/14 progress report provided by treating physician, the patient complains of persistent and increasing pain and stiffness to his lumbar spine radiating down the left, with numbness and tingling in his left leg and foot. Inspection of the lumbosacral spine on 08/07/14 revealed flattening of the normal lordosis. Physical examination to the lumbosacral spine revealed tenderness to palpation over the paraspinous region and left sacroiliac dimple, with spasms present. Range of motion was decreased, especially on extension 15 degrees. Patient has had 12 sessions of acupuncture treatments and 2 lumbar facet injections, exact date unspecified. Patient's medications have included Norco and Flexeril. Based on the 12/16/14 progress report, patient was prescribed Tramadol and Zanaflex. Based on the 12/16/14 progress report, patient is temporarily totally disabled for 6 weeks. Diagnosis 11/04/14- Lumbar sprain- Lumbosacral/thoracic radiculitis The utilization review determination being challenged is dated The rationale is: "... modification is recommended to Zanaflex 4mg daily #30 while clarification is recommended to be provided for use in weaning for discontinuation process..." Treatment reports were provided from 07/10/14 - 12/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex Cap 4MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 and 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS/ MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The patient presents with persistent and increasing pain and stiffness to his lumbar spine radiating down the left, with numbness and tingling in his left leg and foot. The request is for ZANAFLEX CAP 4 MG # 60. Inspection of the lumbosacral spine on 08/07/14 revealed flattening of the normal lordosis. Physical examination to the lumbosacral spine revealed tenderness to palpation over the paraspinous region and left sacroiliac dimple, with spasms present. Patient's diagnosis include lumbar sprain and lumbosacral/thoracic radiculitis. Based on the 12/16/14 progress report, patient is temporarily totally disabled for 6 weeks. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, Zanaflex is initiated in 12/16/14 progress report. The current request is for Zanaflex Cap 4 mg # 60. The utilization review modified this request from # 60 to # 30. The MTUS Guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. Given the patient's chronic low back pain and muscle spasms documented by physical examination, a trial of Zanaflex appears reasonable and indicated by guidelines. Therefore, the request IS medically necessary.