

Case Number:	CM15-0008556		
Date Assigned:	01/26/2015	Date of Injury:	04/27/2014
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/15/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 33 year old male with an industrial injury dated 04/27/2014 while attempting to lift a soda machine with a co-worker. His diagnoses include L4-5 and T11-12 disc protrusions with annular fissuring at L4-5, positive MRI findings, L4-5 spinal canal stenosis, lumbar spine radiculopathy, and lumbar spine muscle spasms. Recent diagnostic testing has included a MRI of the lumbar spine (05/22/2014) showing a disc herniation with narrowing of the spinal canal, and degenerative disc disorder. He has been treated with conservative care, medications, and physio/chiropractic treatments. In a progress note dated 11/20/2014, the treating physician reports constant lumbar back pain rate 7-8/10, described as achy, with radiation into the bilateral lower extremities with pain, numbness, tingling, and weakness. The objective examination revealed decreased range of motion in the lumbar spine with noted spasms with flexion, and tenderness to palpation of the paraspinal musculature. The treating physician is requesting Tizanidine (muscle relaxant) which was modified by the utilization review. On 12/18/2014, Utilization Review modified a prescription for Tizanidine 4mg #30 with 2 refills to Tizanidine 4mg #30 with no refills, noting that the injured worker's current symptoms are consistent with the use of this medication; however, no refills are provided. The MTUS Guidelines were cited. The injured worker submitted an application for IMR for review of Tizanidine 4mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30 Refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti spasticity Page(s): 66.

Decision rationale: According to the MTUS guidelines, Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Tizanidine for nearly a year. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Tizanidine is not medically necessary.