

Case Number:	CM15-0106261		
Date Assigned:	06/10/2015	Date of Injury:	12/12/2011
Decision Date:	07/15/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/02/2015

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: Texas, 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:

This is a 58 year old female patient, who sustained an industrial injury on 12/12/11. The diagnoses have included lumbago and status post lumbar fusion L5-S1 (sacroiliac). Per the doctor's note dated 5/12/2015, she had complaints of low back pain and significant headache. The physical examination revealed tenderness to lumbar paraspinal muscles. The current medications list includes voltaren and zanaflex. She has undergone discectomy with decompression and fusion at L5-S1 (sacroiliac) on 6/7/13. She has had flexion-extension X-rays which showed movement to 4 millimeter at L5-S1 (sacroiliac); computerized tomography (CT) scan of the lumbar spine; lumbar MRI. She has had hard shell lumbar support and physical therapy. The request was for zanaflex 4mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity/Anti-spasmodic Drugs: Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: According to MTUS guidelines "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. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) 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. May also provide benefit as an adjunct treatment for fibromyalgia". The patient has chronic lower back pain with history of lumbar surgery. The patient has significant objective abnormalities on the musculoskeletal physical examination- tenderness to lumbar paraspinal muscles. Tizanidine is recommended for chronic myofascial pain. The request of Zanaflex 4mg #180 is medically appropriate and necessary for this patient.