

Case Number:	CM15-0107722		
Date Assigned:	06/09/2015	Date of Injury:	09/21/2001
Decision Date:	07/10/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/04/2015

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, Pain Management

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 was a 68 year old female, who sustained an industrial injury, September 21, 2001. The injured worker previously received the following treatments Norco, Pennsaid solution, Zanaflex and Aspirin. The injured worker was diagnosed with lumbar facet syndrome, lumbar radiculopathy, lumbar spine degenerative disc disease, sprain of the lumbar spine region with muscle spasms and lumbar facet syndrome. According to progress note of April 9, 2015, the injured workers chief complaint was low back pain. The injured worker rated the pain at 5 out of 10 with pain medication. The injured worker rated the pain without pain medication at 10 out of 10. The injured worker had one session of physical therapy which made the pain worse. The injured worker's activity level has improved with pain mediation, such as walking for 3-4 blocks and able to clean at home. The physical exam noted the injured worker walked with an antalgic gait. The range of motion was restricted with extension limited to 10 degrees with normal flexion. There was tenderness with palpation at the paravertebral muscles on both sides. The facet loading was positive on both sides. The straight leg raises testing was negative. All lower extremity reflexes were equal and symmetric. There were muscle spasms seen on the right. There was trigger point pain and twitch response on palpation of the lumbar spine paraspinal muscles on the right and the left. The treatment plan included a prescription for Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg: Upheld

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

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

Decision rationale: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification appropriate liver function testing, as recommended by guidelines. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. This worker has long standing chronic pain. Given this, the currently requested tizanidine (Zanaflex), is not medically necessary.