

Case Number:	CM15-0130262		
Date Assigned:	07/16/2015	Date of Injury:	04/26/1997
Decision Date:	08/20/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 is a year 69 old male who sustained an industrial injury on 4-26-97. Diagnoses are lumbar spine sprain and strain with bilateral lower extremity radiculopathy, multilevel degenerative disc disease L4-S1, degenerative joint disease, and disc bulges. MRI of the lumbar spine done 1-13-14 reveals at L1-L2; a 3 mm circumferential disc bulge, moderate left and right neural foraminal narrowing, bilateral facet joint hypertrophy, at L2 -L3; a minimal diffuse disc bulge with superimposed 5 mm broad based right subarticular to foraminal zone disc protrusion, mild bilateral neural foraminal narrowing, bilateral facet joint hypertrophy with ligamentum flavum redundancy, at L3 -L4 and L4-L5 ; a 3 mm circumferential disc bulge, bilateral facet joint hypertrophy with ligamentum flavum redundancy, at L5-S1; a 2 to 3 mm retrolisthesis of L5 on S1, a prior right hemilaminectomy, no disc protrusion, and mild left neural foraminal narrowing. In a progress report date 5-22-15, the treating physician notes painful range of motion of the lumbar spine. Straight leg raise is painful to 20 degrees. Complaints of joint pain, muscle spasm, sore muscles, stress, and anxiety are noted. Pain with medication is rated at 0 to 1 out of 10 and without medication is 6 to 7 out of 10. Duration of relief is 2 to 3 hours. On medication, he is able to perform activities of daily living, has an improved sleep pattern and improved participation with therapy. CURES was performed 5-22-15. The record is handwritten and partially illegible. Previous treatment noted includes a home exercise program, Zanaflex, Motrin, Norco, and at least 8 physical therapy visits. The plan noted is physical therapy for the lumbar spine secondary to a flare up, Motrin, Zanaflex, and Norco. Work status is noted as not working. The requested treatment is Zanaflex 2mg for a quantity of 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs Page(s): 66.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) 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." UDS that evaluate for tizanidine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for tizanidine. The documentation submitted for review indicates that the injured worker has been using this since at least 4/2015. As it is recommended only for short-term use, medical necessity cannot be affirmed.