

Case Number:	CM15-0131477		
Date Assigned:	07/17/2015	Date of Injury:	02/27/2012
Decision Date:	08/13/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/07/2015

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: Massachusetts

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 is a 24 year old male, who sustained an industrial injury on 2/27/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having thoracic and lumbar sprain-strain. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of pain in his mid and low back and over his right hip. He had intermittent and transitory weakness on the right leg and hip. Exam of the lumbar spine noted decreased sensation in the left L3-4 dermatomes and significant tenderness over the right greater trochanteric bursa. Current medications included Naproxen, Pantoprazole, Zanaflex, and Seroquel. He was given prescriptions for Lidoderm patch, Nabumetone, Pantoprazole, and Zanaflex. Naproxen was discontinued. His work status was with restrictions. The use of Zanaflex was noted since at least 4/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90: Upheld

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

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

Decision rationale: The claimant sustained a work injury in February 2012 and continues to be treated for mid and low back pain and right hip pain. When seen, he was having intermittent transitory right lower extremity weakness. Physical examination findings included reproduction of pain with lumbar extension and rotation. There was right greater trochanteric bursa tenderness and pain with hip rotation. There was decreased left lower extremity sensation. Medications were refilled including Zanaflex. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. Continued prescribing is not medically necessary.