

Case Number:	CM15-0134736		
Date Assigned:	07/23/2015	Date of Injury:	08/08/2008
Decision Date:	09/29/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/13/2015

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 47 year old female, who sustained an industrial injury on 8/8/2008. The mechanism of injury is unclear. The injured worker was diagnosed as having post-operative constipation, pseudo arthrosis of lumbar spine, bursitis, status post posterior lumbar interbody fusion, chronic intractable pain, left knee internal derangement, lumbar disc degeneration, lumbar spine stenosis, left leg radiculopathy, intermittent lumbar radiculopathy, status post removal of instrumentation in lumbar spine. Treatment to date has included medications, magnetic resonance imaging of the lumbar spine (9/18/2012), electrodiagnostic studies, CT scan of the lumbar spine, low back surgery. The request is for Zanaflex. On 5/11/2015, she complained of low back pain rated 7/10. Her current medications are: Fentanyl patches, Oxycodone, Subsys, Lunesta, Methadone, and Zanaflex. A physical examination is not documented. On 6/9/2015, she complained of increased low back pain after a bending incident at home. She requested a refill of all her medications. She rated her low back pain 6/10, and indicated it radiated down her left lower extremity. Current medications are: Fentanyl patch, Lunesta, Methadone, Oxycodone, and Tizanidine HCL. Physical examination revealed tenderness in the low back. The treatment plan included: request of transfer of care to another physician for medication management, Fentanyl patches, Oxycodone, Lunesta, Zanaflex, and Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60: Upheld

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

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." The documentation submitted for review indicates that the injured worker has been using this medication since at least 1/2015. As the guidelines recommended muscle relaxants for short-term use only, therefore the request is not medically necessary.