

Case Number:	CM15-0135350		
Date Assigned:	07/23/2015	Date of Injury:	04/02/2002
Decision Date:	08/20/2015	UR Denial Date:	06/23/2015
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: Arizona, 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:

The injured worker is a 46 year old male, who sustained an industrial injury on April 2, 2002. The injured worker was diagnosed as having cervical and lumbar post laminectomy syndrome, brachial and thoracic or lumbosacral neuritis or radiculitis and spasmodic torticollis. Treatment to date has included lab work, electromyogram, magnetic resonance imaging (MRI) and medication. A progress note dated June 18, 2015 provides the injured worker complains of neck, left arm, back and leg pain. He reports the neck pain radiates down the left shoulder and arm to the fingers with numbness and that foot pain has resolved. He rates the neck pain 7/10 with medication. His back pain radiates down the left leg with numbness of the heel. He rates the back pain 4/10. Electromyogram, labs and magnetic resonance imaging (MRI) were reviewed. Physical exam notes well healed cervical surgical scar, spasm, and decreased range of motion (ROM). There is lumbar tenderness on palpation with decreased range of motion (ROM). The plan includes medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine (Zanaflex) 4mg oral tablet 30 tab, Refill 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 68.

Decision rationale: According to the MTUS guidelines, Zanaflex (Tizanidine) 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. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on muscle relaxants the prior months including combined use of Tizanidine and Robaxin. Continued and chronic use of muscle relaxants/anti-spasmodics with opioids is not medically necessary. Therefore Tizanidine is not medically necessary.