

Case Number:	CM15-0143065		
Date Assigned:	08/04/2015	Date of Injury:	05/02/2012
Decision Date:	09/24/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/23/2015

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: Emergency Medicine

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 35-year-old male, with a reported date of injury of 05-02-2012. The mechanism of injury was not indicated in the medical records provided for review. The injured worker's symptoms at the time of the injury were not indicated. The diagnoses include L5-S1 spondylolisthesis, mechanical low back pain, discogenic low back pain, and bilateral lumbar radiculopathy. Treatments and evaluation to date have included oral medications. The diagnostic studies to date have included an MRI of the lumbar spine on 02-17-2015 which showed mild hyperlordosis, mild degenerative disc disease, L4 to L5 posterior disc protrusion and possible impingement of the right L5 nerve root at the right lateral recess, and L5 to S1 posterior disc protrusion and fissures of annulus fibrosus. The medical records included a urine drug screening, dated 07-07-2015, with negative findings. The progress report dated 04-15-2015 indicates that without medications, the injured worker rated his pain 8 to 9 out of 10. With medications, his pain was rated 6 to 7 out of 10. He was able to do light yard work, but at a very slow pace. The objective findings include flexion of the back at 20 degrees; and extension of the back to 0 degrees. The progress report dated 07-07-2015 indicates that the injured worker still had pain across his low back with radiation of pain up to the mid back on the left more than the right side. The pain also radiated into the groin frequently. Without medication, the injured worker rated his pain 8 to 9 out of 10, and with medication, his pain was tolerable at times and rated 5 to 6 out of 10. It was noted that with medications, the injured worker was more functional by doing some light housework and yard work. The objective findings include significant guarding with walking; a forward flexed posture due to pain; flexion of the back to 20

degrees; extension of the back to 0 degrees; decreased lower extremity strength due to pain; tenderness to palpation across the back and into the paraspinal muscles; and decreased light touch sensation throughout the lower extremities below the knees. The treatment plan included Zanaflex by mouth twice a day and two tablets at bedtime. The injured worker has been instructed to remain off work until the next visit. The treating physician requested Zanaflex 4mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodics Page(s): 60.

Decision rationale: Zanaflex (Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short-term use and for flare-ups only. Patient appears to be taking this medication chronically. The number of tablets requested is not appropriate and is not consistent with short-term use. Tizanidine is not medically necessary.