

Case Number:	CM15-0168688		
Date Assigned:	09/09/2015	Date of Injury:	01/31/2008
Decision Date:	10/08/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/27/2015

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:

This 51 year old female sustained an industrial injury on 1-31-08. Diagnoses include lumbar strain and lumbar degenerative disc disease. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker has continued complaints of chronic low back pain. The pain has affected the injured worker's activity level. The injured worker has remained off work. Upon examination, lumbar range of motion is reduced and painful. Upon palpation, there is tenderness in the lumbosacral spine and paraspinal muscle with stiffness and spasm noted. Sitting and supine straight leg raises are positive. Low back pain ranges from 8 to 10 on a scale of 10. The records indicate the injured worker has been taking Zanaflex medication long-term. A request for Zanaflex 4 mg #30 plus 1 refill was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #30 plus 1 refill: 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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant sustained a work injury in January 2008 and continues to be treated for chronic back pain. In April 2015 Norflex was being prescribed. When seen, she was having low back pain radiating into both lower extremities which was rated at 8/10 with medications. Tramadol, Flector, and Zanaflex were being prescribed. Physical examination findings included poor posture. There was lumbar spine and paraspinal muscle tenderness with stiffness and spasms. There was decreased and painful lumbar spine range of motion. Straight leg raising was to 60 degrees. Her BMI is over 51. 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 muscle relaxants have been prescribed on a long-term basis and the quantity prescribed is consistent with at least another two months of use. The claimant does not have spasticity due to an upper motor neuron condition. Zanaflex was not medically necessary.