

Case Number:	CM15-0182419		
Date Assigned:	09/23/2015	Date of Injury:	12/24/2003
Decision Date:	10/29/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/16/2015

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 54 year old female, who sustained an industrial injury on 12-24-2003, resulting in pain or injury to the back. A review of the medical records indicates that the injured worker is undergoing treatment for status post L3-S1 fusion, bilateral hip trochanteric bursitis secondary to altered gait, coccygodynia, and gastrointestinal (GI) bleeding and constipation secondary to medication use. On 7-30-2015, the injured worker reported low back pain with left lower extremity numbness and tingling with decreased left lower extremity strength and without a reported pain level. The Primary Treating Physician's report dated 7-30-2015, noted the injured worker's condition remained the same, with the recommendation to return to modified work for 2-6 hours a day per pain level. The lumbar spine examination was noted to show tenderness to palpation of the bilateral SI joints, bilateral facets, and bilateral paravertebral muscles, and positive straight leg raise of the left lower extremity with hypoesthesia. Prior treatments have included lumbar surgery in February 2014, physical therapy, pool therapy, and medication. The injured worker's Zanaflex and Neurontin were noted to improve participation in a home exercise program (HEP) and in the ability to work. The treatment plan was noted to include requests for refills of the medications Tylenol #3, Anaprox, Zanaflex, Neurontin, Colace, and Lactulose. On June 27, 2015, the injured worker reported low back pain with bilateral lower extremity pain rated 8-9 out of 10, with the Zanaflex and Neurontin providing improved participation in a home exercise program (HEP), ability to work, and better ability to do housework, cooking-dishes, laundry, dressing, and self-care-bathing. The request for authorization dated 7-30-2015, requested Tylenol #3, 1 by mouth every 12 hours as needed, quantity 60, Anaprox DS 550mg, 1

by mouth 2 times a day, quantity 60, Neurontin 300mg, 1 by mouth three times a day, quantity 120, and Zanaflex 2mg, 1-2 by mouth three times a day, as needed, quantity 120. The Utilization Review (UR) dated 8-25-2015, certified the requests for requested Tylenol #3, 1 by mouth every 12 hours as needed, quantity 60, Anaprox DS 550mg, 1 by mouth 2 times a day, quantity 60, and Neurontin 300mg, 1 by mouth three times a day, quantity 120, and modified the request for Zanaflex 2mg, 1-2 by mouth three times a day, as needed, quantity 120, with certification for #60 for weaning purposes and non-certified the remaining #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg, 1-2 by mouth three times a day, as needed, quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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. Long-term use may lead to side effects. Prescription is not consistent with short term or intermittent use. Zanaflex is not medically necessary.