

Case Number:	CM15-0183308		
Date Assigned:	09/24/2015	Date of Injury:	04/30/2003
Decision Date:	11/06/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/17/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 61 year old male, who sustained an industrial injury on 4-30-2003. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include cervical disc syndrome with radicular pattern, cervical and lumbar radiculopathy, lumbar disc protrusion, cervical spinal stenosis, and chronic myofascial pain syndrome. Treatments to date include activity modification, medication therapy, physical therapy, trigger point injections, and epidural injections. Currently, he complained of ongoing burning sensation in the lower extremity is eased by the use of Lyrica. Zanaflex was noted to have been modified on the last refill from #90 to #45 for the purpose of weaning. The record documented that Zanaflex was used up to 10 to 15 times per month for acute muscle spasms only. The records indicated a random drug screen was performed 12-24-14 and a CURES was completed on 1-19-15. On 7-7-15, the physical examination documented cervical tenderness with taut muscles and trigger point noted. There was improved cervical range of motion. The lumbar area was tender with taut muscle bands noted and improved range of motion. Abnormal sensation was noted in bilateral lower extremities. The plan of care included initiation of the weaning of Zanaflex. On 8-11-15, the provider documented the use of Zanaflex for chronic myofascial pain with improved sleep and improved pain control with its use. It was further documented an increase in burning neuropathic pain in upper and lower extremities with the discontinuation of Zanaflex. The injured worker complained of increased cervical pain and low back pain with radiation to upper and lower extremities. There were no new physical findings documented. The appeal requested authorization of Zanaflex 2mg tablets, #45. The Utilization

Review dated 8-24-15, denied the request indicating that the available medical records did not support that the California Medical treatment Utilization Schedule (MTUS) Guidelines were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2 mg #45: 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: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine (Zanaflex), is not medically necessary.