

Case Number:	CM15-0184723		
Date Assigned:	09/25/2015	Date of Injury:	10/24/2011
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/21/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 43 year old male, who sustained an industrial injury on 10-24-11. He reported pain in the neck and low back. The injured worker was diagnosed as having thoracolumbar musculoligamentous sprain or strain with bilateral lower extremity radiculitis and cervical or trapezial musculoligamentous sprain or strain with bilateral upper extremity radiculitis. Treatment to date has included physical therapy, chiropractic treatment, cervical epidural steroid injections, a home exercise program, and medication including Norco and Zanaflex. Physical examination findings on 8-3-15 included cervical spine tenderness to palpation with moderate spasm over the paravertebral musculature. Spurling's maneuver was positive on the left greater than right eliciting radicular symptoms to the C6 nerve root distribution. Sensation to pinprick and light touch was decreased along the bilateral C6 dermatomal distribution. Lumbar spine tenderness was noted to palpation with slight to moderate muscle spasm over the paravertebral musculature. A straight leg raise test was slightly positive on the right over the L5 nerve root distribution. Sensation to pinprick and light touch was decreased along the right L5 dermatomal distribution. On 8-3-15, the treating physician indicated the injured worker had increased standing and walking ability, lifting ability, and improved participation in a home exercise program due to medication. On 8-3-15, pain was rated as 5-6 of 10 with medication and 8-9 of 10 without medication. The injured worker had been taking Zanaflex since at least April 2015. On 8-3-15, the injured worker complained of neck pain radiating to the right greater than left arm and to the hands, thumb, and index fingers with numbness and tingling. On 8-3-15, the treating physician requested authorization for a MRI of the cervical spine and Zanaflex 2mg #120. On 9-8-15, the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Cervical Spine QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: ACOEM states "Criteria for ordering imaging studies are: Emergence of a red flag, Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery and Clarification of the anatomy prior to an invasive procedure." ODG states, "Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging." Indications for imaging -- MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present. Neck pain with radiculopathy if severe or progressive neurologic deficit. Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present. Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present. Chronic neck pain, radiographs show bone or disc margin destruction. Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal". Known cervical spine trauma: equivocal or positive plain films with neurological deficit. Upper back/thoracic spine trauma with neurological deficit. The treating physician has not provided evidence of red flags to meet the criteria above. As such, the request for MRI of the cervical spine QTY: 1 is not medically necessary.

Zanaflex 2mg QTY: 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 is the brand name version of tizanidine, which is a muscle relaxant. MTUS states concerning muscle relaxants: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain

and overall improvement. In addition, 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. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and Baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See 2, 2008)." MTUS further states, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)." The medical documentation provided does not indicate objective functional improvement with prior use of this medication. Additionally, this patient appears to have been prescribed muscle relaxants for greater than guideline recommendations. As such, the request for Zanaflex 2mg QTY: 120 is not medically necessary.