

Case Number:	CM15-0190486		
Date Assigned:	10/02/2015	Date of Injury:	09/20/2004
Decision Date:	11/12/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/28/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 67 year old male patient who sustained a work related injury on 9-20-04. The diagnoses include low back and left knee pain. Per the progress notes dated 8/17/15, he had complaints of low back pain associated with bilateral lower extremity radicular pain. He has been without Norco and Tramadol for the past two months. He reports he finished aqua therapy and states he has "improved mobility and decreased pain." He noted suspension and massage therapy alleviated muscle tension. He reported swelling and pain in left knee. The physical exam dated 8-17-15 revealed antalgic gait, tenderness over midline lumbar spine, no trigger points or spasms; left knee swelling and tenderness in left knee joint. The current medications list includes Gabapentin, Zanaflex, Lidoderm patches and Tramadol. The patient is unable to take NSAID due to history of kidney damage. His surgical history includes lumbar surgery, appendectomy and cardiac surgery. Treatments have included a lumbar epidural steroid injection on 5/21/15 and aqua therapy. The treatment plan includes refills of medications and more aquatic therapy. In the Utilization Review dated 8-26-15, the requested treatment of Zanaflex 4mg. #45 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #45: Overturned

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: According to MTUS guidelines 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. 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. The patient has chronic low back pain with radiation down the bilateral lower extremity; left knee pain. The patient has objective abnormalities on the musculoskeletal physical examination- antalgic gait, tenderness over midline lumbar spine, left knee swelling and tenderness in left knee joint. So there were significant abnormal objective findings. The patient has a history of lumbar surgery and kidney damage. He is unable to take NSAIDs. Tizanidine is recommended for chronic myofascial pain. The request of Zanaflex 4mg #45 is deemed medically appropriate and necessary for this patient.