

Case Number:	CM15-0190608		
Date Assigned:	10/02/2015	Date of Injury:	04/20/1994
Decision Date:	11/10/2015	UR Denial Date:	09/24/2015
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: 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:

The injured worker is a 64 year old female with an industrial injury date of 02-11-1994. Medical record review indicates she is being treated for chronic low back and leg pain, history of lumbar fusion surgery with pedicle screws at lumbar 4-lumbar 5 in 1995, chronic intermittent neck pain, chronic right shoulder pain, chronic insomnia due to chronic pain, fibromyalgia, myofascial pain syndrome with the neck and low back. Subjective complaints (09-03-2015) included low back pain with radiating symptoms into her lower extremities as well as neck pain that radiates into her upper extremities. The injured worker rated her pain as 3 out of 10 with and 9 out of 10 without medications. Her work status is documented as "permanent and stationary." Her medications included Neurontin, Cymbalta, Mirapex, Lidoderm, and Zanaflex (at least since 06-04-2015). Prior medications included Butrans (caused a rash), Trazodone ("allergic reaction"), Ultracet, Amitriptyline, Lunesta and Ambien. Prior treatment included H wave unit, TENS unit and medications. Objective findings (09-03-2015) included hypersensitivity to the lumbar spine paraspinal muscles. She ambulated with a cane. In the 08-06-2015 treatment note the treating physician noted the random urine drug screen was "inconsistent." "She did state she stopped taking the Butrans." The physician also documented the presence of an updated signed opioid agreement. On 09-24-2015 the request for Zanaflex 4 mg Qty: 120.00 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg Qty: 120.00: 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: The claimant has a remote history of a work injury occurring in April 1994 and continues to be treated for low back pain with lower extremity radiating symptoms. She underwent a lumbar fusion in 1995. A CT myelogram in August 2013 included findings of severe spinal stenosis at L2/3. In June 2015, she was having nighttime spasms. Tizanidine was prescribed. Her physical examination was unchanged with the previous visit documenting use of a cane, obesity, decreased lumbar spine range of motion, and fairly good lower extremity strength. When seen in September 2015 she had not filled her medications and was having increased symptoms. Physical examination findings were that of appearing in no acute distress. She had lumbar paraspinal muscle and incisional hypersensitivity and continued to walk slowly with her cane. Medications were refilled. Diagnoses included chronic insomnia due to chronic pain. 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 it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition and there no current complaints or physical examination finding of muscle spasms. It is being prescribed for difficulty sleeping at night due to pain and further assessment and treatment of her insomnia would be indicated. Ongoing prescribing is not medically necessary.