

Case Number:	CM15-0193673		
Date Assigned:	10/07/2015	Date of Injury:	07/05/2011
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/01/2015

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 37 year old male patient who sustained an industrial injury on 07-05-2011. The diagnoses include degeneration of lumbosacral intervertebral disc, lumbar pain, lumbar spondylosis, and lumbosacral radiculopathy. Per the doctor's note dated 9/11/2015, he had complaints of aggravation of the low back pain. Per the provider notes dated 08-12-2015, he had complains of a flare up of his back pain, in a bilateral S1 distribution into both lower extremities, right greater than left. The pain was rated a 4-8 on a scale of 0-10. It is said to be constant but variable in intensity. He had also complains of bilateral lower extremity weakness and a tingling in the bilateral lower extremities anterior aspect of the thighs. Spasms of the low back were also noted. His legs felt heavy, and pain wakes him up during the night with muscle spasms. The medications list includes naproxen, tizanidine, trazodone and DSS. He has had an MRI of the lumbar spine (no date given) showed spondylosis throughout with congenitally short pedicles causing moderate central canal stenosis lumbar 2-3 through lumbar 4-5 with multiple annular tears; an electromyogram-nerve conduction study (also undated) showed left L5-S1 radiculopathy. The patient has been taking Naproxen 550 mg twice daily for anti-inflammatory effects for a "long period of time" (since at least 10-02-2014) with a response of 30 percent decrease of pain. This was discussed for decreasing to once daily. He has been taking Zanaflex 4 mg once daily (also since at least 10-02-2014) which was reported to provide 30 percent decrease in pain and spasm without report of adverse side effects. The worker is back at work. The treatment plan included medication refills. A request for authorization was submitted for: 60 tablets of Naproxen 500mg, 2 refills and 90 tablets of Tizanidine 4mg, 2 refills. A utilization review decision 09-21-2015 certified the Naproxen 500mg #60 with two refills, and modified the Tizanide 4mg to #19 tablets with no refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Tizanidine 4mg, 2 refills: Overturned

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

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

Decision rationale: 90 tablets of Tizanidine 4mg, 2 refills. Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex) page 66. 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. May also provide benefit as an adjunct treatment for fibromyalgia." The patient has chronic low back pain with spasm. He had lumbar spine MRI with abnormal findings. Tizanidine is recommended for chronic myofascial pain. The request of 90 tablets of Tizanidine 4mg, 2 refills is medically appropriate and necessary for this patient.