MAXIMUS Federal Services

Case Number:	CM15-0195143		
Date Assigned:	10/08/2015	Date of Injury:	08/23/2002
Decision Date:	11/23/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/05/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, 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:

This is a 48 year old male with a date of injury of August 23, 2002. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar herniated disc. Medical records dated July 2, 2015 indicate that the injured worker complained of lumbar spine pain radiating to the lower extremities with weakness, numbness, and tingling, and pain rated at a level of 5 out of 10. A progress note dated August 28, 2015 documented complaints of back pain radiating to the bilateral lower extremities with weakness, numbness, and tingling, right leg especially painful, and pain rated at a level of 6 out of 10. Per the treating physician (August 28, 2015), the employee has not returned to work. The physical exam dated July 3, 2015 reveals minimal flexion and extension of the lumbar spine, tenderness to palpation over the lumbar paravertebral musculature with spasms, decreased sensation in the right thigh, and positive straight leg raising test bilaterally. The progress note dated August 28, 2015 documented a physical examination that showed no changes since the examination performed on July 3, 2015. Treatment has included medications (Naproxen, Zanaflex, and Hydrocodone 7.5mg since at least January of 2015), transcutaneous electrical nerve stimulator unit, and independent exercise. The original utilization review (September 22, 2015) non-certified a request for Zanaflex 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

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: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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." Per MTUS CPMTG p66 "Tizanidine 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." UDS that evaluate for tizanidine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for tizanidine. The documentation submitted for review indicates that the injured worker has been using this medication since 2012. As the guidelines recommended muscle relaxants for short-term use only, medical necessity cannot be affirmed. The request is not medically necessary.