

Case Number:	CM15-0197881		
Date Assigned:	10/13/2015	Date of Injury:	10/18/2009
Decision Date:	11/20/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/08/2015

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 57 year old female, who sustained an industrial injury on 10-18-2009. Diagnoses include neck pain with radicular symptoms, muscle spasm, cervical degenerative disc disease, myofascial syndrome, low back pain with radicular symptoms and lumbar disc protrusion with neuroforaminal stenosis. Treatments to date include medication therapy and epidural steroid injection. On 7-14-15, she complained of ongoing pain in the neck, right shoulder and right upper extremity, and low back pain with radiation to bilateral lower extremities. A lumbar epidural steroid injection provided on 6-16-14, was noted to provide significant relief lasting approximately one month. The physical examination documented tenderness to the cervical and lumbar muscles. There was a positive straight leg raise test on the right side, and a positive shoulder elevation abduction test. The cervical spine demonstrated positive Spurling's tests. There was decreased sensation to the right lower extremity. The plan of care included cervical epidural steroid injections, and initiation of Tizanidine 2mg before bed #30. On 8-12-15, she complained of ongoing pain in the neck and low back. Current medications and efficacy were not documented. The physical examination documented tenderness and spasm in the cervical and lumbar spines. The plan of care included Tizanidine 4mg, one tablet twice a day, #60. The appeal requested authorization for Tizanidine 4mg, one tablet twice a day, #60. The Utilization Review dated 9-14-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg 1 PO BID #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: 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. Also, 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 available medical record indicates continuous use of the medication for greater than 3 weeks prior to this request longer than would be appropriate for acute use. Further, the treating physician does not document any increase in function or decrease in other pain medications following initiation of tizanidine As such, the request for Zanaflex 4mg #60 is not medically necessary.