

Case Number:	CM15-0200103		
Date Assigned:	10/15/2015	Date of Injury:	02/18/2014
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/12/2015

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:

The injured worker is a 46 year old male, who sustained an industrial injury on 2-18-2014. The injured worker is being treated for lumbar sprain-strain, myofascial pain syndrome, lumbar disc protrusions, lumbar radiculitis, caudal lumbar facet syndrome and a palpable painful mass on the lower right lumbar region. Treatment to date has included epidural steroid injections (1-09-2015 and 3-04-2015), medications, and diagnostics. Per the Secondary Treating Physician's Progress Report dated 9-03-2015, the injured worker reported dull achiness in the low back with frequent episodes of spasms and cramping type pain. There is radiation down the right lower extremity along the S1 distribution with associated numbness and tingling in that area. Random urine drug screen was consistent on 2-05-2015. An opioid agreement was signed on 3-20-2015. On 11-11-2014, CURES report was consistent with medications prescribed. Objective findings included palpable tenderness and spasms noted in the paraspinal musculature with taut muscular bands and limited motion on forward flexion to 30 degrees due to pulling in the low back causing some radicular symptoms in the right lower extremity. Per the medical records dated 8-04-2015 to 9-03-2015, there is no documentation of any significant improvement in symptoms, increase in activities of daily living or subjective decrease in pain level attributed to the use of medications. Work status was deferred. Patient had received lumbar ESI on 9/28/15. The patient had used LSO brace unit for this injury. The patient has had MRI of the lumbar spine on 5/14/14 that revealed disc protrusions, foraminal narrowing. The medication list includes Zanaflex, Ibuprofen and Gabapentin. Per the note dated 10/13/15, the patient had complaints of low back pain radiating in right lower extremity. Per the notes, the muscle relaxant helps hip in reduction of

myofascial pain and muscle spasm. Physical examination of the lumbar spine revealed muscle spasm and weakness. Per the note dated 9/3/15 patient had more muscle spasm and had significant improvement with tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Zanaflex 2mg #60: 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): Antiepilepsy drugs (AEDs).

Decision rationale: Request: 1 prescription for Zanaflex 2mg #60 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 "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 had diagnoses of lumbar sprain-strain, myofascial pain syndrome, lumbar disc protrusions, lumbar radiculitis, caudal lumbar facet syndrome and a palpable painful mass on the lower right lumbar region. Per the Secondary Treating Physician's Progress Report dated 9-03-2015, the injured worker reported dull achiness in the low back with frequent episodes of spasms and cramping type pain. There is radiation down the right lower extremity along the S1 distribution with associated numbness and tingling in that area. Objective findings included palpable tenderness and spasms noted in the paraspinal musculature with taut muscular bands and limited motion on forward flexion to 30 degrees due to pulling in the low back causing some radicular symptoms in the right lower extremity. The patient has had MRI of the lumbar spine on 5/14/14 that revealed disc protrusions, foraminal narrowing. Per the note dated 10/13/15, the patient had complaints of low back pain radiating in right lower extremity. The muscle relaxant helps hip in reduction of myofascial pain and muscle spasm. The physical examination of the lumbar spine revealed muscle spasm and weakness. Per the note, dated 9/3/15 patient had more muscle spasm and had significant improvement with tizanidine. There is evidence of muscle spasm and other significant abnormal objective findings. The patient's condition is prone to exacerbations. The quantity of tizanidine/ zanaflex tablets requested (60) is small. The prescription of small quantity of a non-sedating muscle relaxant like tizanidine for prn use during exacerbations is medically appropriate and necessary. The request for prescription for Zanaflex 2mg #60 is medically appropriate and necessary in this patient at this time.