

Case Number:	CM15-0205580		
Date Assigned:	10/22/2015	Date of Injury:	10/26/2013
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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: 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:

The injured worker is a 56 year old male, who sustained an industrial injury on October 26, 2013. The injured worker was diagnosed as having changes to the cervical spine with radiculopathy; multi-level cervical disc protrusions and extrusions with facet arthropathy and neural foraminal stenosis per magnetic resonance imaging on July 07, 2015; changes of the lumbar spine with radiculopathy; and multi-level lumbar spondylosis, disc protrusions and extrusions, facet arthropathy, and foraminal and central canal stenosis per magnetic resonance imaging on July 08, 2015. Treatment and diagnostic studies to date has included medication regimen, use of a gym, physical therapy, magnetic resonance imaging of the lumbar spine, and magnetic resonance imaging of the cervical spine. In a progress note dated September 23, 2015 the treating physician reports complaints of an increase in pain to the neck with cramps and spasms that radiates to the bilateral shoulders and arms. The treating physician also noted complaints of pain and spasms to the low back that radiates to the bilateral lower extremities. Examination performed on September 23, 2015 was revealing for tenderness and spasms to the right cervical paraspinal muscles and trapezius muscles, decreased range of motion to the cervical spine, decreased sensation to the right cervical five and six nerve roots, tenderness and spasm to the midline lower lumbar spine, decreased range of motion to the lumbar spine, positive straight leg raises to the right, and decreased sensation to the bilateral lumbar five nerve root. The injured worker's pain level on September 23, 2015 and on July 22, 2015 was rated an 8 on a scale of 1 to 10. The injured worker's medication regimen on September 23, 2015 included Zanaflex and Ibuprofen since at least prior to July 22, 2015, but the progress notes from September 23,

2015 and July 22, 2015 did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. On September 23, 2015 the treating physician requested Zanaflex 4mg with a quantity of 60 as needed for spasms. On October 08, 2015 the Utilization Review determined the request for Zanaflex 4mg with a quantity of 60 to be non-certified.

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: According to the MTUS, 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) Side effects: Somnolence, dizziness, dry mouth, hypotension, weakness, hepatotoxicity (LFTs should be monitored baseline, 1, 3, and 6 months). (See, 2008) Dosing: 4 mg initial dose; titrate gradually by 2 - 4 mg every 6 - 8 hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day. (See, 2008) Use with caution in renal impairment; should be avoided in hepatic impairment. Tizanidine use has been associated with hepatic aminotransaminase elevations that are usually asymptomatic and reversible with discontinuation. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic LBP. (Chou, 2007) (Mens, 2005) (VanTulder, 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. 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in injured workers 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. (See2, 2008) According to the documents available for review, the injured worker has been utilizing zanaflex for long-term treatment of chronic pain condition. This is in contrast to the MTUS recommendations for short-term treatment of acute exacerbations. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary and has not been established.