

Case Number:	CM15-0209917		
Date Assigned:	10/28/2015	Date of Injury:	08/19/2012
Decision Date:	12/16/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/23/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 44 year old female who sustained an industrial injury on August 19, 2012. As of June 19, 2015 the worker is performing regular work duty. The worker has been deemed previously to be permanent and stationary. The worker is being treated for: status post L5 through S1 fusion; lumbosacral myofascial pain syndrome. Subjective: June 19, 2015 she reported complaint of lower back pain rated a "1" intensity level and occasionally radiates into her left lower extremity down to foot which is numb. She reported that the lower back is exacerbated with prolonged sitting, standing and walking activities. She further reported having functional improvement and improvement in pain with current medication regimen. With the use of medication pain is noted rated a "3" to "5" and without medication rated pain "8" or "9". She noted improvement with her activities of daily living, as well as increased ability to continue working, as well as to sit, stand and walk as a result of her current medication use. July 21, 2015 she reported complaints of "increased lower back pain and stiffness," "having more spasms and stiffness." She noted attributing this increased pain to longer periods at work. She rated the pain a "2" while using medication and without increases to a "4" or "5" intensity level. August 18, 2015 she reported pain level at "5". She is taking four Norco daily for pain and two Zanaflex 4mg for spasms and denies any side effect. September 17, 2015 she reported complaint of "achy pain about her lower back region, with pain, numbness, tingling about the medial aspect of her left leg, down the medial aspect of left foot. She has good days and bad days. Objective: June 19, 2015 noted tenderness over the lumbar spine in the midline as well as over the bilateral lumbar paraspinal muscles, where muscle spasms and myofascial trigger points were noted.

Active lumbar ROM found; flexion at 55 degrees, extension at 10 degrees and lateral bending 10 degrees bilaterally. July 21, 2015 noted tenderness about the lumbar incision as well as over the bilateral lower lumbar paraspinal muscles with evidence of mild spasms. Active ROM lumbar spine showed: flexion 40 degrees, extension 10 degrees with pain, and lateral bending 20 degrees bilaterally. August 18, 2015, September 17, 2015 noted AROM without change from previous assessment. Diagnostic: UDS May 22, 2015 are noted consistent with prescribed Norco. Medication: June 19, 2015, July 21, 2015: taking four Norco tablets daily for pain (prescribed Gabapentin from another provider) and denies any side effects. July 21, 2015: prescribed Zanaflex. Treatment: home exercise program. On September 18, 2015 a request was made for Zanaflex 4mg #25 that was noncertified by Utilization review on September 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg # 25: Upheld

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): Muscle relaxants (for pain).

Decision rationale: Regarding the request for Tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, no identification of a specific objective functional improvement as a result of the Tizanidine alone. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested Zanaflex 4 mg # 25 is not medically necessary.