

Case Number:	CM15-0020134		
Date Assigned:	02/09/2015	Date of Injury:	03/16/2001
Decision Date:	04/07/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/03/2015

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:

The injured worker is a 41 year old male, who sustained an industrial injury on 03/16/2001. The diagnoses have included failed back surgery, herniated nucleus pulposus at L2-3, chronic pain syndrome, herniated nucleus pulposus at L5-S1 measuring 2mm, mild chronic L3-4 radiculopathy, status post L4-L5 fusion, chronic neuropathic pain, left neuroforaminal stenosis, facet arthropathy, status post anterior posterior 360-fusion at L3-S1 on 03/16/2011, bilateral sacroiliitis, restless leg syndrome, degenerative disc disease and vacuum disc at L1-L2, myoclonic spasm, and musculoskeletal pain and spasticity on the left. Noted treatments to date have included right trochanteric bursa injection, stretching, and medications. Diagnostics to date have included urine drug screen on 09/02/2014 was consistent with his medications. In a progress note dated 12/10/2014, the injured worker presented with complaints of constant mid back pain, constant sharp low back pain with radiation to right hamstring, numbness on the right anterior thigh, right foot, and left toes, muscle cramping in the lower back and muscle failure in bilateral hands. The treating physician reported discontinuing the injured worker's Baclofen as it does not help in relieving his cramps and spasms and was given a prescription for Zanaflex. Utilization Review determination on 01/08/2015 non-certified the request for Zanaflex 4mg #90 with 3 refills, as prescribed on 12/10/2014 citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity/Antispasmodic drugs Page(s): 63-64 and 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: 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." Per progress report dated 12/10/14, it was indicated that the injured worker was refractory to treatment with Baclofen. Zanaflex was prescribed. While the request is indicated for the injured worker's spasms, the request for 4 month supply does not allow for timely reassessment of efficacy. As such, medical necessity cannot be affirmed.