

Case Number:	CM15-0021484		
Date Assigned:	02/11/2015	Date of Injury:	04/17/2007
Decision Date:	03/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/04/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 59 year old male, who sustained an industrial injury on April 17, 2007. The diagnoses have included cervical degenerative disc disease, myofascial syndrome, and status post anterior cervical decompression and stabilization in 2011. Treatment to date has included urine drug testing, and pain, anti-epilepsy, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On January 7, 2015, the treating physician noted increased neck and upper back pain. Associated symptoms included cramps and heaviness of the legs. He has been without his medications for six weeks, and has been using a non-steroidal anti-inflammatory medication to help with pain control. The physical exam revealed neck extension and flexion was full, 75% neck rotation, mild tenderness to palpation of the neck and right trapezius, mildly decreased bilateral triceps reflexes, normal muscle strength, and negative slump test. The treatment plan included continuing his usual pain, anti-epilepsy, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On January 14, 2015, Utilization Review non-certified a prescription for Zanaflex 4mg #60, noting the lack of documentation of clinical efficacy demonstrated by an improvement in VAS (visual analogue scale) pain scores and improved tolerance to specified activities that is both measured and compared with and without Zanaflex; or that the use of a muscle relaxant would be limited to short-term treatment of acute exacerbations of chronic pain, as the guidelines do not support chronic use. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines were cited.

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 Treatment Guidelines Muscle relaxant Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Zanaflex Page(s): 63-67.

Decision rationale: Zanaflex is the brand name version of tizanidine, which is a muscle relaxant. 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. (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. (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. (See2, 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) Guidelines recommend against the use of this medication long term. Additionally, the treating physician has not provided documentation of functional improvement or objective decrease in the patient's pain with the use of this medication. As such, the request for Zanaflex 4mg #60 is not medically necessary.