

Case Number:	CM15-0214529		
Date Assigned:	11/04/2015	Date of Injury:	09/27/1995
Decision Date:	12/22/2015	UR Denial Date:	10/24/2015
Priority:	Standard	Application Received:	10/30/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, 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 68 year old female who sustained an industrial injury on 9-27-95. The injured worker reported back pain. A review of the medical records indicates that the injured worker is undergoing treatments for post-laminectomy spondylolisthesis instability at L3-4 and L4-5 and lumbar radiculopathy. Medical records dated 8-3-15 indicate pain rated at 9-10 out of 10. Provider documentation dated 8-3-15 noted the work status as total temporarily disabled. Treatment has included Norco since at least March of 2015, magnetic resonance imaging, status post lumbar laminectomies, physical therapy, radiographic studies, and injection therapy. Objective findings dated 9-4-15 were notable for antalgic gait, low back tenderness with restricted range of motion and increased pain upon forward bending and lateral bending. Provider documentation dated 8-3-15 noted spasms to the bilateral paraspinal musculature. The original utilization review (10-24-15) denied a request for Zanaflex 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: 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), Weaning of Medications.

Decision rationale: Zanaflex (tizanidine) is a medication in the antispasmodic class of muscle relaxants. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into the left arm, lower back spasms with pain that went into the left leg with tingling and weakness, headaches, and depressed and anxious moods. These records demonstrated this medication was being used for at least a month. There was no suggestion the worker was having a new flare of on-going lower back pain or discussion detailing special circumstances that sufficiently supported the continued use of this medication long-term. In the absence of such evidence, the current request for thirty tablets of Zanaflex (tizanidine) 4mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.