

Case Number:	CM15-0034162		
Date Assigned:	02/27/2015	Date of Injury:	02/28/2005
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34-year-old female who sustained an industrial injury on 02/28/2005. Diagnoses include lumbosacral radiculopathy, intervertebral disc disease, and cervical sprain/strain. Treatment to date has included prior surgery, medications, injections and physical therapy. A physician progress note dated 01/22/2015 documents the injured worker complains her low back and leg symptoms have only worsened, even though she had some improvement after undergoing a local injection in the left side of her low back and upper back at the last visit. She reports increased level of pain after her medication was decreased and she was provided with 50% reduction in pain with what she was taking before. Treatment requested is for Zanaflex 4mg #15. On 02/05/2015 Utilization Review non-certified the request for Zanaflex 4mg #15 and cited was California Medical Treatment Utilization Schedule (MTUS) - Chronic Pain Guidelines Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS, Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with low back and lower extremity pain and has a date of injury of 2/28/05. Request for Authorization is dated 1/20/15. The current request is for ZANAFLEX 4MG #15. The utilization review denied the request stating that this medication is for acute muscle spasms. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/ANTISPASMODIC DRUGS: 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. 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." Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. The patient has been utilizing Zanaflex since at least 12/11/14. Progress reports state that the patient has 50% decrease in pain with using Zanaflex with no side effects. Given the patient's continued pain and documentation of medication efficacy, the requested Zanaflex IS medically necessary.