

Case Number:	CM15-0036977		
Date Assigned:	03/05/2015	Date of Injury:	02/15/2011
Decision Date:	04/16/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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 48 year old female, who sustained an industrial injury on 2/15/2011. She has reported a lifting injury to the low back. The diagnoses have included lumbar sprain/strain with bilateral sciatica and multilevel disc bulges status post fusion 1/10/14, right groin pain, and right hip sprain/strain, and gastritis. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxer, and physical therapy. Currently, the IW complains of lumbar spine pain rated 4/10 associated with right lower extremity pain, numbness and tingling. The physical examination from 12/14 documented she is one year status post lumbar fusion. The provider documented significant function improvement since the prior visit with decreased pain with medications. On 2/27/2015, the injured worker submitted an application for IMR for review of Tizanidine 4mg #30 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Tizanidine (Zanaflex). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs, Muscle relaxants Page(s): 63-66.

Decision rationale: According to the 01/02/2015 progress report, this patient presents with a 4/10 low back pain that radiates to the right lower extremity with tingling and numbness. The current request is for Tizanidine 4mg #30 with 1 refill and this medication was first noted in the 10/31/2014 report. The request for authorization is on 01/07/2015. The patient's work status is Temporarily Total Disability thru 6 weeks. The MTUS guidelines page 66 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." Review of the provided reports, this patient presents with chronic pain for more than 4 years. MTUS supports the use of Zanaflex. In this case, given the patient's chronic pain, the use of this medication may be indicated. However, the treating physician does not explain how this medication is being used with what effectiveness. The MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. The request IS NOT medically necessary.