

Case Number:	CM15-0040469		
Date Assigned:	03/10/2015	Date of Injury:	05/10/2013
Decision Date:	04/17/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/03/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 49-year-old male, who sustained a work/ industrial injury on 5/10/13. He has reported initial symptoms of low back pain that radiated into the left lower extremity. The injured worker was diagnosed as having lumbago. Treatments to date included medication (Norco, Zanaflex, Relafen, Neurontin, Prilosec), epidural steroid injection, and independent exercising. Magnetic Resonance Imaging (MRI) demonstrated left sided small herniation at L4-5. Electromyogram/nerve conduction study (EMG/NCV) showed evidence of L5 radiculopathy on the left side. Currently, the injured worker complains of ongoing back pain with radiating symptoms down the left lower extremity. Average pain was 7/10 with medication. The treating physician's report (PR-2) from 12/3/14 indicated the treatment plan was to refill medication for pain management to include Zanaflex, request for epidural injection, random drug screening, and return in one month. On 1/6/15, the PR-2 noted an epidural injection was performed on 1/2/15 with some relief. There was some burning sensation in the back and down the left lateral calf area with numbness. There was positive straight leg raise (SLR) on the left side. There was tenderness at the lumbosacral junction and mild lumbar paraspinal spasming. Treatment plan was consult with an orthopedic surgeon. The UR found the request for Zanaflex to be modified to allow for a wean citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66; 78-80.

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)." It is not clear that the patient is getting relief from Zanaflex as no spasms are noted in the exam. The previous UR modified the request to allow for a wean which is appropriate. As such, the request for Zanaflex 4mg #90 with 3 refills Zanaflex 4mg quantity 60 is not medically necessary.