

Case Number:	CM14-0131708		
Date Assigned:	08/20/2014	Date of Injury:	03/24/1999
Decision Date:	09/24/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 56-year-old female who has submitted a claim for lumbosacral disc degeneration associated with an industrial injury date of March 24, 1999. Medical records from July 12, 2006 up to July 14, 2014 were reviewed showing continued constant pain in her back with muscle spasms. Pain radiates down to both legs with burning sensation and numbness. She is using a cane to ambulate. She reports 50% reduction in her pain and 50% functional improvement with the medications. Physical examination showed limited ROM of lower back, positive SLR bilaterally, palpation revealed muscle spasm in the lumbar trunk, weakness in right thigh flexion, knee extension, and great toe extension compared to left side. DTRs remain at 1+ at the knees and ankles bilaterally. Treatment to date has included Zanaflex 6mg 1-3 qhs prn, Cymbalta, Duragesic patches, Senokot, Dilaudid, Amitzia, baclofen, Lyrica, Colace, Miralax, Prevacid, Norco, and methadone. Utilization review from August 1, 2014 denied the request for Zanaflex 60mg #90. Patient has been utilizing Zanaflex for long-term treatment but continues to have muscle spasms. Review of the medical records did not show evidence of an acute exacerbation of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 60mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Tizanidine Page(s): 63, 66.

Decision rationale: According to page 63 and 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Dosing is 4 mg for initial dose; titrate gradually by 2 - 4 mg every 6 - 8 hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day. In this case, the patient has been using Zanaflex since February 25, 2013. Prior to that, she was taking baclofen to which she developed tolerance as per physician report. Muscle relaxants are recommended for short term use only. There was no evidence that the patient has acute exacerbations of low back pain. Furthermore, despite the continued use of Zanaflex, the patient still exhibits muscle spasms. Therefore, the request for ZANAFLEX 60MG #90 is not medically necessary.