MAXIMUS Federal Services

Case Number:	CM14-0160779		
Date Assigned:	10/06/2014	Date of Injury:	12/31/2010
Decision Date:	10/30/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/30/2014

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 Physical Medicine & Rehabilitation 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 injured worker is a 38-year-old male who sustained an injury on 12/31/10. As per the report dated 08/12/14, the patient presented with continued low back pain, mostly right -sided and tingling down his right leg.He reported it was difficult getting up in the morning without feeling stiff and by the end of the day his lower back pain would be worse.Examination of the lumbar spine revealed spasm and tenderness to palpation of the paravertebral muscles bilaterally and tenderness to palpation and spasm to the iliosacral joint on the right side. She is currently on Voltaren, Zanaflex and Gabapentin. Previous treatments have included physical therapy and medications. He has been taking Voltaren XR 100 mg at bed, Zanaflex 2 mg one three times a day, and Neurontin 300 mg two a day with benefit for more than one year and the provider feels that the patient needs to continue these medications as prescribed as these medications have helped his symptoms to improve without side effects and allowed him to continue to work full time. He has had no side effects with them. Diagnoses include chronic pain syndrome, encounter for long-term use of other medications, lumbar facet syndrome vsSI joint dysfunction (right), low back pain, insomnia (NOS), bursitis (trochanteric) (right), headache, and muscle spasms.The request for Zanaflex 2mg #90 x 2 refills was denied on 9/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #90 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex Page(s): 66.

Decision rationale: According to the CA MTUS guidelines, Tizanidine (Zanaflex) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. In this case, there is no evidence of spasticity or associated neurological disorders in this IW. There is no documentation of trial of first line therapy. There is no documentation of any significant improvement in function specific to its use. Therefore, the request is not medically necessary.