

Case Number:	CM14-0094788		
Date Assigned:	07/25/2014	Date of Injury:	10/29/2012
Decision Date:	10/10/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 56 year old female presenting with low back pain following a work related injury on 10/29/2012. The claimant reported low back pain and right knee pain. The claimant reports severe pain. The claimant has tried Supartz injections, bracing and lumbar facet injections. The physical exam showed muscle spasms in the cervical spine, positive shoulder abduction test, discomfort with head compression, painful Spurling's test bilaterally, spasms and tenderness in the lumbar spine, positive straight leg raise bilaterally, and positive Fabere test. MRI of the lumbar spine showed degenerative disc disease at the level of L3-4, L4-5 and L5-S1. MRI of the cervical spine showed C4-5 and C5-6 degenerative disc disease. The claimant was diagnosed with low back pain with radicular symptoms, Lumbar spine spondylosis, cervical spine strain/sprain, mild cervical canal stenosis, paracervical and bilateral upper trapezius muscle spasm, and right knee pain secondary to osteoarthritis and internal derangement, status post endoscopic operation. A claim was made for Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30 refilled on 4/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 66.

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

Decision rationale: 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). The recommended dosing is 4mg with a max dose of 36 mg per day. The medical records indicate that the Tizanidine was prescribed for back and neck pain. MTUS recommends short term use for myofascial pain or fibromyalgia; therefore, the request for Tizanidine 4 mg # 30 refilled on 04/17/2014 is not medically necessary.