

Case Number:	CM14-0211624		
Date Assigned:	12/24/2014	Date of Injury:	01/23/2014
Decision Date:	03/30/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on 1/23/14. He has reported injury of the lower back after picking up 45 pound weights to place them back on a rack. The diagnoses have included lumbar strain/sprain and lumbar radiculopathy. Treatment to date has included medications, diagnostics, conservative measures, physical therapy, electrical acupuncture and infrared heat, and Epidural Steroid Injection (ESI). Currently, the injured worker complains of persistent low back pain but less leg pain approximately 60-70 percent since getting the Epidural Steroid Injection (ESI). The pain is worsening in the back with radiation to right thigh with hot tingling sensation into the right foot. The physical exam revealed painful myospasm in lower back and positive straight leg raise on the right. The Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/18/14 revealed protrusion, disc osteophyte complex, and disc bulge. The nerve conduction studies dated 10/2/14 were normal. Plan was to complete physical therapy and medications. On 11/25/14 Utilization Review non-certified a request for Tizanidine 02 mg # 60, noting that there needs to be further documentation provided for the justification of the medical necessity. The (MTUS) Medical Treatment Utilization Schedule cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 02 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants/anti-spasmodics Page(s): 63.

Decision rationale: According to the MTUS guidelines, Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. In this case, the claimant had been Tizanidine for over 6 months along with Norco. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. In addition, the claimant had persistent back pain / spasms despite being on medications for a long period of time. More improvement was obtained from an epidural injection rather than Zanaflex. Therefore continued use of Tizanidine is not medically necessary.