

Case Number:	CM14-0215845		
Date Assigned:	01/05/2015	Date of Injury:	12/06/1999
Decision Date:	02/28/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 49 year old male sustained a work related injury on 12/6/1999 while lifting tree trunks. The current diagnoses are chronic low back pain, status post lumbar fusion L4-S1, bilateral leg pain, reactive depression, complex regional pain syndrome, pain related insomnia, progressive bilateral leg weakness, erectile dysfunction, and myofascial pain syndrome of the lumbar spine. According to the progress report dated 12/2/2014, the injured workers chief complaints were low back pain with intermittent weakness in both legs. Additionally, he reported worsening burning and paresthesia in both legs. With medications, the low back pain was rated 5-8/10 on a subjective pain scale. The physical examination revealed positive straight leg raise on the left. Lumbar extension was 30% and flexion 50%. Dorsiflexion of the right ankle was 4/5. He was unable to toe or heel walk on the right due to pain. Current medications are Oxycontin, Oxycodone, Testosterone, Tizanidine, Topamax, and Nuvigil. The primary treating physician prescribed Tizanidine 4mg #60, which is now under review. The Tizanidine was prescribed specifically for control of muscle spasticity. On 12/12/2014, Utilization Review had non-certified a prescription for Tizanidine 4mg #60. The Tizanidine was non-certified based on no documented benefit from taking this medication and use beyond the short-term use recommended in the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics/antispasticity drugs Page(s): 63 and 66.

Decision rationale: The MTUS notes that muscle relaxants are recommended 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 nonsteroidal anti-inflammatory drugs in pain and overall improvement. Efficacy does appear to diminish over time. Sedation as the most commonly reported adverse effect of muscle relaxant medications. The MTUS notes that Tizanidine (Zanaflex) is a centrally acting alpha 2-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. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome. It may also provide benefit as an adjunct treatment for fibromyalgia. The usual initial doses 4 mg, titrated gradually by 2-4 mg every 6-8 hours until therapeutic effect, maximum 36 mg per day. Common side effects including somnolence, dizziness, dry mouth, hypotension, weakness and hepatotoxicity. Liver function tests should be monitored at baseline and at 1,3, and 6 months. In this case the medical records show that tizanidine has been used since at least 5/1/14 without documentation of significant muscle spasm or spasticity in the treatment records. There is no documentation of clinical efficacy or functional improvement for this medication except that it helps with sleep. The current request is for 60 tablets. This clearly is not consistent with the short-term use of muscle relaxants recommended by the MTUS. If tizanidine is intended to be used on a more long-term basis, functional improvement related to its use must be documented and liver function tests should be considered as recommended above. The request for tizanidine 4 mg #60 is not medically necessary.