

Case Number:	CM14-0217536		
Date Assigned:	01/07/2015	Date of Injury:	07/07/2011
Decision Date:	03/23/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/29/2014

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: California

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:

The injured worker is a 57 year old male, who sustained an industrial injury on 7/7/11. He has reported neck pain 5-6/10, right knee pain 5-8/10 and low back pain 4-7/10. The diagnoses have included occipital headache, cervicgia, insomnia, L2-5 facet arthropathy/disc degeneration, C5-T1 stenosis, medial meniscal tear of left knee and pain in joint. Treatment to date has included surgery (cervical spine fusion C5-T1), facet blocks, radiofrequency ablation, physical therapy, home exercises and oral medications (Norco, Xanax, Imitrex, Restoril, Zanaflex, Phenergan, OxyContin, Cymbalta and Protonix). Drug urione test in Sept 2014 was not consistent with the patient's prescribed medications. X-rays of lumbar spine were performed on 6/23/14 revealing degenerative disc disease and dextroscoliosis. X-ray of lumbar spine performed on 6/23/14 revealed multilevel moderate degenerative disc disease at L2-S1, spondylosis, minimal retrolisthesis at L2 over L3 and L3 over L4 and no evidence of instability on flexion views. Lumbar MRI (9/25/14) showed mild to moderate disc degeneration L1-2, L2-3, L3-4 without herniation and type 1 endplate changes L1-L4. Currently, the injured worker complains of ongoing neck pain and low back pain. Physical exam performed on 10/22/14 revealed palpable tenderness over the midline lower lumbar spine, there is evidence of tenderness over the sacroiliac joints bilaterally. On 12/22/14 Utilization Review non-certified Zanaflex 4mg 1 every 12 hours #60, noting lack of evidence regarding persisting muscle tightness or spasm to warrant the ongoing use of the medication. The MTUS, ACOEM Guidelines, was cited. On 12/29/14, the injured worker submitted an application for IMR for review of Zanaflex 4mg 1 every 12 hours #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg 1 PO Q12Hrs Count #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178, Chronic Pain Treatment Guidelines Page(s): 15, 24, 63, 66, 68-69, 78, 86. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 12th edition (web), 2014, Neck and Upper Back, Computed Tomography (CT), and Pain Chapter, Benzodiazapines, Insomnia, Proton Pump Inhibitors (PPIs), and Head Chapter, Triptans

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-6.

Decision rationale: Tizanidine (Zanaflex) is a central-acting sedating muscle relaxant used to treat skeletal muscle spasms. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on tizanidine therapy for over 2 weeks. Since there is no complaint of muscle spasms and documented muscle relaxant effect from this medication that would suggest a need for chronic use there is no indication to continue its use. Medical necessity for this medication has not been established.