

Case Number:	CM15-0004817		
Date Assigned:	01/16/2015	Date of Injury:	01/22/2014
Decision Date:	03/12/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 28 year old male, who sustained an industrial injury on January 22, 2014. He has reported lower back pain. The diagnoses have included lumbar spondylosis, lumbar spine disc bulge with stenosis, lumbosacral neuritis, and urinary problems. Treatment to date has included physical therapy, epidural steroid injections, medications, and imaging studies. Currently, the injured worker complains of lower back pain, pin of the legs with numbness and tingling, and sleep difficulties. The treating physician requested a urine drug screen and prescriptions for Norco, Ultram, and Zanaflex. On December 19, 2014 Utilization Review certified the request for urine drug screen and prescriptions for Norco Ultram. The Utilization Review non-certified the request for the prescription for Zanaflex, noting the lack of documentation to support the medical necessity of the medication. The MTUS and ODG were cited in the decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg TID x 30 days #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg one PO TID #90 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar spondylosis; lumbar spine disc bulge with stenosis; lumbar neuritis; and urinary problems. Subjectively, the injured worker complains of back pain and leg pain. Objectively, flexion is extremely painful. Sensation is decreased to pinprick in the lateral aspect of the right lower leg and dorsum of the right foot. Tizanidine was prescribed as far back as September 2014. There is no documentation of objective functional improvement or benefit with its use. Additionally, muscle relaxants (Tizanidine) is indicated for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. The date of injury was January 22, 2014 and the treating physician has clearly exceeded the recommended guidelines of two weeks. Consequently, absent compelling documentation to support Tizanidine use in contravention of the recommended guidelines (less than two weeks), Zanaflex 4 mg one PO TID #90 is not medically necessary.