

Case Number:	CM15-0016237		
Date Assigned:	02/04/2015	Date of Injury:	12/18/2012
Decision Date:	03/26/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/28/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 56 year old female, who sustained an industrial injury on 12/18/2012. The diagnoses have included lumbar sprain, thoracic spine pain and lumbar/thoracic radiculopathy. Treatment to date has included mediations and activity restriction. Currently, the IW complains of an increase in pain. She reports pain in the lower back described as aching, burning and dull. The pain is rated as 8/10. There is intermittent pain in the left gluteal area. Objective findings included midline tenderness over the lumbar spine, sacral and coccygeal area. There is diffuse tenderness on both sides of the lumbar paraspinal area. Deep tendon reflexes are impaired left knee. Sitting straight leg raise test is negative. There is restricted range of motion and no evidence of antalgia. On 1/27/2015, Utilization Review non-certified a request for Zanaflex 4mg #45 noting lack of documentation of acute low back pain. The MTUS was cited. On 1/28/2015, the injured worker submitted an application for IMR for review of Zanaflex 4mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, QTY: 45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): page(s) 63-66, page 124.

Decision rationale: Zanaflex (tizanidine) is a medication in the antispasmodic class of muscle relaxants. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation concluded the worker was experiencing lower back pain that sometimes when into the buttocks. These records reported the worker had been taking this medication for at least several months. There was no suggestion the worker was having flare of lower back pain or discussion detailing extenuating circumstances supporting its continued use long-term. In the absence of such evidence, the current request for forty-five tablets of Zanaflex (tizanidine) 4mg take one to two tablets orally before bedtime is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.