

Case Number:	CM15-0018766		
Date Assigned:	02/06/2015	Date of Injury:	03/01/1996
Decision Date:	04/14/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	02/02/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 55-year-old female who sustained an industrial injury on 3/1/96. She is currently experiencing low back pain and it has been stable with current medications. Pain intensity without medications is 9/10 and with medications is 5/10. She is experiencing sleep difficulties and decreased activity level. Medications are Ibuprofen; Zanafle; Cymbalta; Lidoderm 5% Patch; hydrocodone; MS Contin; docusate sodium; Medrol Dose Pak. Diagnoses are post cervical laminectomy syndrome; cervical radiculopathy; lumbar radiculopathy; cervical pain. She was scheduled for a right knee replacement 12/15/14. Treatments to date include lumbar epidural steroid injection with relief of 100% relief of radiating leg pain and 50% relief of low back pain (2012). She is currently not trying anything other than medications for pain relief. Diagnostics include abnormal MRI lumbar spine (10/3/11); abnormal MRI cervical spine (3/3/10). Progress note date 12/12/14 indicates one refill on Zanaflex requested. On 12/29/14 Utilization Review non-certified the request for Zanaflex 4 mg # 60 with 1 refill citing MTUS: Chronic Pain Medical Treatment Guidelines: Muscle Relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4MG #60, With 1 Refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic drugs Page(s): 66.

Decision rationale: Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The medical records submitted for review indicate that the injured worker suffers from chronic low back pain. I respectfully disagree with the UR physician, this class of medication is often used for the treatment of back pain whether spasm is present or not, and MTUS does not limit it to short term use. The request is medically necessary.