

Case Number:	CM15-0114804		
Date Assigned:	06/23/2015	Date of Injury:	11/14/1995
Decision Date:	09/09/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/15/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 47 year old male who sustained an industrial injury on 11/14/95. The injured worker was diagnosed as having lumbar disc disease, status post back fusion and chronic back pain. Currently, the injured worker was with complaints of back pain. Previous treatments included status post fusion, medication management, physical therapy, chiropractic treatments and a transcutaneous electrical nerve stimulation unit. Previous diagnostic studies included a magnetic resonance imaging (9/15/14) revealing spinal stenosis and bilateral foraminal stenosis at L4-L5 and hypertrophic changes of the posterior elements. Physical examination on 4/14/15 was notable for decreased distal sensation on S1 on the right, absent bilateral Achilles reflexes and mildly antalgic gait. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine (Zanaflex) 4mg #120: Upheld

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

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

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain patients, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. In this case, the clinical documentation reports continued low back pain since the date of injury in 1995. The records indicate that the Zanaflex is not adequately controlling pain. It is also not indicated for long-term use, and the patient has been taking the Zanaflex since at least 2012. Therefore, due to a lack of support for long-term use and lack of efficacy, the request for Zanaflex is deemed not medically necessary.