

Case Number:	CM15-0116654		
Date Assigned:	06/24/2015	Date of Injury:	08/13/2003
Decision Date:	07/23/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 47 year old male patient who sustained an industrial injury on 08/13/2003. The accident was described as while working for a logistics service center he injured his right knee. The patient has not worked since 2003. The worker has had two [prior motor vehicle accidents. He has received injections and multiple surgical back procedures. On 04/04/2013 he underwent a magnetic resonance imaging study of lumbar spine that revealed post-surgical changes at L2-3, L3-4 and L4-5. The post-surgical changes at L2-3 are new since 08/17/2004; and mild underlying degenerative and spondylotic changes from L2-3 through L5-S1, slightly progressed since 08/17/2004; no significant stenosis or acute disc herniation identified. Medications included: Lyrica, Norco, Tizanidine and Hydromorphone. Previous diagnostic testing to include: radiography study, magnetic resonance imaging scans. A recent follow up dated 04/29/2015 reported subjective complaint of having low back pain that radiates to the left lower extremity. The patient reports the Dilaudid helping the pain level decrease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #90 with 2 refills: Upheld

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

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for radiating low back pain. When seen, pain was rated at 4-5/10. There had been improvement after Dilaudid had been prescribed at the previous visit. There was lumbar spine tenderness with decreased left lower extremity strength and patellar reflex. Dilaudid, Lyrica, and Zanaflex were prescribed. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. Continued long term use is being requested which is not medically necessary.