

Case Number:	CM15-0118679		
Date Assigned:	06/29/2015	Date of Injury:	02/15/2011
Decision Date:	09/08/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/19/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49-year-old female, who sustained an industrial injury on Feb 25, 2011. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having lumbosacral sprain/strain with bilateral sciatica with multiple disc bulges status post fusion, improved right groin pain, and improved right hip sprain/strain. On January 10, 2014, she underwent a discectomy and fusion at lumbar 4-lumbar 5 with pedicle screw instrumentation and posterior lumbar interbody fusion and iliac crest bone graft. On January 13, 2015, x-rays of the lumbar spine revealed satisfactory position of instrumentation and healing well at the lumbar 4-lumbar 5 level. On March 20, 2015, the treating physician noted the MRI of the lumbar spine from March 24, 2014 revealed by his reading: status post posterior fusion at lumbar 4-lumbar 4 with instrumentation, mild residual left foraminal stenosis; a 4.51mm central left posterior disc with compression of the left sacral 1 nerve root, mild foraminal stenosis, moderate degeneration and mild narrowing. Treatment to date has included postoperative physical therapy, acupuncture, a lumbar support, and medications including opioid analgesic, topical analgesic, muscle relaxant, and non-steroidal anti-inflammatory. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of gastritis and hypertension. On May 4, 2015, the injured worker complains of continued lumbosacral pain with radicular pain of the bilateral lower extremities. The pain is rated 4-5/10. She reports the opioid medication (Tramadol) is not as helpful as the non-steroidal anti-inflammatory medication (Ibuprofen). She complains of increased muscle spasms and requests Tizanidine. Her functional status is unchanged since the last visit. The physical exam

revealed no changes since the last visit. Her posture is erect with a gait within normal limits and she moves about stiffly. Her work status was modified and includes: limited stooping and/or bending, limited standing or walking (45 minutes), limited climbing, limited sitting (30 minutes), and limited lifting, pushing, and pulling of 5 pounds. She may wear a back support and must be able to stand or sit at liberty. She is not currently working, as her employer could not accommodate her work modifications. The treatment plan includes discontinuing the opioid analgesic, continuing the non-steroidal anti-inflammatory medication, and starting Tizanidine 4mg one twice a day. Requested treatments include: Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

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

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-sedating muscle relaxants are recommended with caution as a "second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". Muscle relaxants "show no benefit beyond NSAIDs in pain and overall improvement" in most low back pain cases. No additional benefit has been shown in combination with non-steroidal anti-inflammatory drugs (NSAIDs). Tizanidine (Zanaflex) is an antispasticity/antispasmodic muscle relaxant that has been approved by the Food and Drug Administration (FDA) for the management of spasticity. Tizanidine has an unlabeled use for low back pain. There is a lack of objective findings of muscle spasms in the physical exam to support the need for treatment with a muscle relaxant. The injured worker had reported that the Ibuprofen was helpful. Therefore, the request for Tizanidine is or is not medically necessary.