

Case Number:	CM15-0120309		
Date Assigned:	06/30/2015	Date of Injury:	08/14/2003
Decision Date:	08/11/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old female sustained an industrial injury on 8/14/03. She subsequently reported low back pain. Diagnoses include lumbar/ lumbosacral disc degeneration. Treatments to date include MRI and x-ray testing, back surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain, muscle spasms and burning sensation in both legs. Upon examination, back range of motion was limited. Straight leg raise caused pain bilaterally. There is palpable muscle spasm in the lumbar trunk. Posture was antalgic with spasm. A request for Zanaflex medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drug Medications for chronic pain Page(s): 66, 60.

Decision rationale: Based on the 05/06/15 progress report provided by treating physician, the patient presents with back pain and burning sensation to both legs. The patient is status post L5 failed interbody fusion in 2009. The request is for Zanaflex 4mg #60. Patient's diagnosis per Request for Authorization form dated 10/22/14, 11/21/14, 12/22/14, 01/19/15 includes lumbar degenerative disc disease physical examination to the lumbar spine on 05/06/15 revealed antalgic posture with muscle spasm, and limited range of motion. Treatment to date has included imaging studies, back surgery, physical therapy, home exercise program and medications. Patient's medications include Zanaflex, Trazodone, Hydroxyzine, Ativan, Dilaudid, Abilify and Pristiq. Patient's work status not provided. Treatment reports provided from 11/05/04 - 05/06/15. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. 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." MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Zanaflex is included in patient's medications, per progress reports dated 10/20/14, 12/17/14, and 05/06/15. Per 05/06/15 report, Zanaflex is prescribed for back spasms. Treater states pain is rated 4/10 with and 10/10 without medications. Patient reports "50% reduction in pain, 50% functional improvement with activities of daily living with medications versus not taking them at all." Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. Given the patient's chronic pain, documented improvement and medication efficacy, the request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.