

Case Number:	CM15-0124463		
Date Assigned:	07/09/2015	Date of Injury:	09/01/2003
Decision Date:	09/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

Certification(s)/Specialty: Internal 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 56 year old male who sustained an industrial injury on 09/01/2003. Current diagnoses include thoracic and lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis and history of surgery on 07/2010, probable laminectomy/discectomy at L4-L5 (exact procedure unknown), and psychiatric and internal medicine complaints. Previous treatments included medications, psychological evaluation and treatment, surgical intervention, home electrical stimulation unit, and home exercise program. Report dated 06/02/2015 noted that the injured worker presented to review response to Butrans patch. The injured worker noted that his pain is moderate, constant, sharp with numbness and tingling. Pain level was 5-6 (with medications) and 8 (without medications) out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness to palpation with moderate spasm over the paravertebral musculature and lumbosacral junction, straight leg raising is positive, eliciting radicular symptoms in bilateral feet, decreased range of motion with pain and spasm, decreased sensation in the bilateral L5-S1 nerve roots, and the injured worker ambulates with a limp favoring the right lower extremity. The treatment plan included continuing home exercise program and use of home electrical muscle stimulation unit, requests for Butrans patches and Zanaflex, and follow up as needed. The physician noted that the injured worker receives pain relief for a duration of 24 hours with use of the prescribed medications, and the injured worker is able to perform activities of daily living and improved participation with the home exercise program with use of the prescribed medications. Currently the injured worker is not working. Submitted medical

records indicate that the injured worker has been prescribed Zanaflex since at least 12/05/2014. Disputed treatments include Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, and Muscle relaxants for pain, and Tizanidine (Zanaflex) Page(s): 1, and 63-66.

Decision rationale: The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management, and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for 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." There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Although the physician stated that medications as a group allowed the injured worker to tolerate activities of daily living, there was no documentation of definite return to work or decrease in work restrictions, no specific improvement in activities of daily living as a result of use of Tizanidine (Zanaflex). Also submitted medical records indicate that the injured worker has been prescribed Zanaflex on a long-term basis since at least 12/05/2014. Therefore the request for Zanaflex 2mg, #120 is not medically necessary.