

Case Number:	CM15-0125714		
Date Assigned:	07/10/2015	Date of Injury:	12/21/2012
Decision Date:	09/10/2015	UR Denial Date:	06/19/2015
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: Pediatrics, 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 40 year old, male who sustained a work related injury on 12/21/12. Treatments have included physical therapy, TENS unit therapy, lumbar epidural steroid injections, trigger point injections, lumbar surgery and medications. In the PR-2 dated 6/12/15, the injured worker complains of mid-back and lower back pain. He rates his pain level a 4-5/10 with medications and a 7/10 without medications. Lumbar spine range of motion is limited by pain. He has a positive right leg raise. He has left leg weakness. He states that medications are working well. Sleep quality is poor. He is not working. The treatment plan includes a continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 6mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Tizanidine Page(s): 63-66, 111.

Decision rationale: Per CA MTUS guidelines, Zanaflex is a muscle relaxant used "as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." "However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." "Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." "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. Eight studies have demonstrated efficacy for low back pain." He has been on Zanaflex for over 6 months. He does not complain of muscle spasms. Since he has been on this medication for over 6 months, pain levels and functional capabilities have not changed much and he does not complain of muscle spasms, the requested treatment of Zanaflex is not medically necessary.