

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0172935 | | |
| Date Assigned: | 09/15/2015 | Date of Injury: | 05/12/2010 |
| Decision Date: | 10/20/2015 | UR Denial Date: | 08/24/2015 |
| Priority: | Standard | Application Received: | 09/02/2015 |

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 39 year old female patient, who sustained an industrial injury on 5-12-2010. The diagnoses include low back pain, lumbar radiculopathy, lumbar fusion, status post lumbar laminectomy, right shoulder impingement syndrome with adhesive capsulitis. Per the doctor's note dated 9/9/15, she had complaints of low back pain with radiation to the both lower extremities with tingling and numbness. Physical examination revealed slow and antalgic gait, right lumbar paraspinal muscles tenderness, diminished light touch sensation to the lateral aspect of the left lower extremity, 4/5 strength in the left EHL and dorsiflexion and positive straight leg raising test on the left. Per the doctor's note dated 6-12-2015, she had low back pain with radiation down both legs and associated numbness and tingling. Per the doctor's note dated 7-6-15, she had a recent subacromial injection of the right shoulder and had minimal improvement lasting approximately 12 hours. She reported continued right shoulder pain with occasional radiation into the arm down to the fingers. She rated the pain 7 out of 10. Per the doctor's note dated 8-4-2015, she reported continued low back pain with radiation down the left leg. She is reported to have begun a functional restoration program. Physical examination revealed lumbar incision well healed, tenderness over the low back area and a decreased lumbar sensation and range of motion with positive bilaterally straight leg raise testing. The current medications list includes lyrica, zanaflex, paxil and naprosyn. He has had CT scan of the lumbar spine on 1-23-14. He has undergone lumbar spine fusion at L5-S1 in 8/13 and 9/13. He has had functional restoration program, multiple sessions of physical therapy, chiropractic treatment, multiple

epidural steroid injections, spinal cord stimulator trial for this injury. The request for authorization is for: Zanaflex. The UR dated 8-24-15: non-certified Zanaflex 2mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg, #20: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Zanaflex 2mg, #20. ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex) page 66 According to MTUS guidelines 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. (Chou, 2007) 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. May also provide benefit as an adjunct treatment for fibromyalgia. The patient has chronic low back and right shoulder pain. The patient has objective abnormalities on the musculoskeletal physical examination-slow and antalgic gait, right lumbar paraspinal muscles tenderness, diminished light touch sensation to the lateral aspect of the left lower extremity, 4/5 strength in the left EHL and dorsiflexion and positive straight leg raising test on the left. He has history of lumbar spine surgeries. Tizanidine is recommended for chronic myofascial pain. The request of Zanaflex 2mg, #20 is deemed medically appropriate and necessary for this patient.