

Case Number:	CM15-0174721		
Date Assigned:	09/16/2015	Date of Injury:	03/24/2009
Decision Date:	10/23/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	09/04/2015

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:

The injured worker is a 54 year old male, who sustained an industrial injury on 3-24-2009. Medical records indicate the worker is undergoing treatment for failed back surgery syndrome. A recent progress report dated 7-1-2015, reported the injured worker complained of low back pain with pain in the bilateral lower extremities. The injured worker noted the pain medicine helps, it is not curative. Physical examination was not provided on this date of service. Treatment to date has included Dilaudid-Prialt-Bupivacaine in pain pump, Norco, Xanax, Prilosec and Zanaflex. On 7-1-2015, the Request for Authorization requested Zanaflex 2mg #90. On 8-7-2015, the Utilization Review noncertified Zanaflex 2mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #90: Upheld

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: The 54 year old patient complains of pain and discomfort in lower back and lower extremities with pain radiating down bilateral thighs, legs and feet, as per progress report dated 07/01/15. The request is for ZANAFLEX 2mg #90. There is no RFA for this case, and the patient's date of injury is 03/24/09. The patient has been diagnosed with failed back surgery syndrome. Current medications included Glipizide, Omeprazole, Tizanidine, Aspirin, Simvastatin, Lisinopril, Metformin, Nortriptyline, Citalopram, Ranitidine, Hydrocodone, Levothrol and Norco. The patient is status post L1-3 posterolateral fusion in 2011, status post L3-4 decompression and fusion in 2003, status post left shoulder surgery on 05/01/15, and status post pump placement in August, 2014, as per progress report dated 05/19/15. The patient is not working, as per the same progress report. MTUS Guidelines pages 63 through 66 state recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. They also state this medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. In this case, a prescription for Zanaflex is first noted in progress report dated 12/11/14. While it is evident that the patient has been taking the medication consistently since then, the reports do not indicate when Tizanidine was initiated. In progress report dated 07/01/15, the treater states although medication does help relieve pain, it is not curative. The treater, however, does not discuss the specific impact of Tizanidine on patient's pain and his ability to perform activities of daily living. Most muscle relaxants are approved for short-term use but Zanaflex can be used for extended period of time. Nonetheless, given the lack of documentation regarding efficacy, this request IS NOT medically necessary.