

Case Number:	CM15-0177834		
Date Assigned:	09/18/2015	Date of Injury:	03/30/2001
Decision Date:	10/21/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 53 year old female who sustained an industrial injury on 03-30-2001. Current diagnoses include post lumbar laminectomy syndrome and lumbar radiculopathy. Report dated 08-05-2015 noted that the injured worker presented with complaints that included back pain with radiation to both legs. Pain level was 7 (with medications) and 10 (without medications) out of 10 on a visual analog scale (VAS). The physician noted that the injured worker has new left sided weakness and foot drop. Current medications include naproxen sodium, Zanaflex, Percocet, Methadone Hcl, Protonix, Albuterol, iron, Wellbutrin, and Protonix. The physician documented that the injured worker has tried and failed Neurontin, Prednisone, Nortriptyline, Methadone, and gabapentin. Physical examination performed on 08-05-2015 revealed an antalgic gait, restricted range of motion in the lumbar spine, palpation of the lumbar spine revealed tenderness, positive lumbar facet loading bilaterally, positive straight leg raise test bilaterally, left foot tenderness over the heel, decreased sensation, decreased reflexes, and dropped foot was noted. Previous treatments included medications, surgical intervention, and multiple injections. The treatment plan included continuing Percocet, discontinues Lyrica, continues Naproxen, Zanaflex, and Methadone, and requested caudal epidural with catheter. The injured worker has been prescribed Zanaflex since at least 05-19-2015. Request for authorization dated 08-12-2015, included requests for Percocet, Naproxen, Zanaflex, and Methadone. The utilization review dated 08-18-2015, non-certified the request for Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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 4mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that muscle relaxants are recommend 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. Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that the patient has chronic low back pain rather than an acute exacerbation of pain. The MTUS does not support long-term use of Zanaflex therefore the request for Zanaflex is not medically necessary.