

Case Number:	CM15-0060326		
Date Assigned:	04/06/2015	Date of Injury:	07/17/1989
Decision Date:	05/11/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/30/2015

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:

The injured worker is a 53 year old male, who sustained a work/ industrial injury on 7/17/89. He has reported initial symptoms of back pain after lifting tools. The injured worker was diagnosed as having lumbosacral degenerative disc disease (DDD) with myofascial pain, lumbar facet arthropathy and right lumbar radiculopathy. Treatments to date have included medications. There were no other treatments noted. Currently, the injured worker complains of increased pain in the lower back that radiates to the right lower extremity. The treating physician's report (PR-2) from 2/11/15 indicated that the injured worker was not a surgical candidate at this time. The average pain was rated 3-4/10 with best a 2/10 and worst a 5/10 on pain scale. The injured worker had decrease in his activities of daily living (ADL's) and quality of life. The objective findings of the lumbar region noted positive spasm, decreased range of motion with positive trigger points; positive facet tenderness and positive straight leg raise bilateral extremities. The injured worker was working full time as a machinist. The physician treatment plan included Zanaflex 4mg twice daily. The medication list includes Zanaflex and Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG TWICE DAILY: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxer.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: Request: Zanaflex 4mg twice daily. 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 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." Currently, the injured worker complains of increased pain in the lower back that radiates to the right lower extremity. The treating physician's report (PR-2) from 2/11/15 indicated that the injured worker was not a surgical candidate at this time. The average pain was rated 3-4/10 with best a 2/10 and worst a 5/10 on pain scale. The injured worker had decrease in his activities of daily living (ADL's) and quality of life. The objective findings of the lumbar region noted positive spasm, decreased range of motion with positive trigger points; positive facet tenderness and positive straight leg raise bilateral extremities. There is evidence of muscle spasm and other significant abnormal objective findings. The patient's condition is prone to exacerbations. The request for Zanaflex 4mg twice daily is medically appropriate and necessary in this patient at this time