

Case Number:	CM15-0078633		
Date Assigned:	04/29/2015	Date of Injury:	09/20/2004
Decision Date:	06/09/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/24/2015

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, North Carolina
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 68 year old female who sustained an industrial injury on 09/20/2004. Diagnoses include lumbar facet syndrome, chronic back pain, radiculopathy, and status post right knee replacement. Treatment to date has included diagnostic studies, medications which include Zanaflex, Ambien, Norco, Metoprolol, Zocor, and Simvastatin. She had refused therapy ordered previously because her knee started to feel better and she wanted to defer until a flare up. A physician progress note dated 04/02/2015 documents the injured worker complains of lower backache. She rates her pain with medications as 3 on a scale of 1 to 10, and without medications her pain is a 9 on a scale of 1 to 10. Her quality of sleep is poor. She is here to be scheduled for a spinal cord stimulator trial. The injured worker has an antalgic, slow, stooped gait. She does not use any assistive devices. On examination lumbar range of motion is restricted with extension limited to 12 degrees by pain, right lateral bending limited to 17 degrees by pain, left lateral bending limited to 18 degrees limited by pain, lateral rotation to the left limited to 23 degrees by pain and she has normal flexion. On palpation, paravertebral muscles show hypertonicity, spasm, tenderness and a tight muscle band is noted on both sides. Lumbar facet loading is positive on both sides. The injured workers right knee reveals well-healed surgical scar. Range of motion is restricted with pain. There is mild effusion in the right knee joint. There is no tenderness noted. She has chronic pain which is being managed by medication. Her medications decrease her pain to a tolerable level and optimize function and activities of daily living. She notes that spasms to buttocks and lower legs are reduced when she takes Zanaflex. Treatment requested is for Tizanidine tablet 4mg, number 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine (Zanaflex) 4mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS, web-based edition, Chronic Pain Medical Treatment Guidelines, Muscle Relaxants, page 64.

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

Decision rationale: The claimant is a 68 yo person injured in 2004 with complaints of chronic low back pain. The request is for the muscle relaxant Zanaflex. Review of the documents submitted reveal no evidence of muscle spasm on physical examination. Muscle relaxants are not recommended for long-term use. They are recommended for use in cases of acute injury with accompanying muscle spasm. This is due to their decrease in efficacy over time. Muscle relaxants also show no benefit over NSAIDs over time. In addition, this is an elderly patient who may be prone to experiencing adverse reaction involving over-sedation, falls, etc. which could result in further morbidity. The request is therefore deemed not medically necessary.