

Case Number:	CM15-0091339		
Date Assigned:	05/18/2015	Date of Injury:	11/08/1993
Decision Date:	06/16/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 74-year-old male, who sustained an industrial injury on November 8, 1993, incurring back injuries. He was diagnosed with lumbar degenerative disc disease, and lumbago, thoracic, lumbar neuritis. He underwent a lumbar laminectomy and lumbar fusion. Treatment included pain medications, neuropathic medications, physical therapy, home exercise program, transcutaneous electrical stimulation unit and sleep aides. Currently, in 2015, the injured worker complained of persistent lower back pain radiating into the right leg with numbness and tingling. Magnetic Resonance Imaging of the lumbar spine revealed a previous laminectomy with narrowing of the disc spaces and disc bulging. The treatment plan that was requested for authorization included a prescription 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 Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The claimant has a remote history of a work injury occurring in November 1993 and continues to be treated for radiating back pain with a history of a lumbar spine fusion. When seen, pain was rated at 6/10. He was having difficulty sleeping. Physical examination findings included an antalgic gait without use of an assistive device. Medications included Zanaflex been prescribed on a long-term basis. Tizanidine (Zanaflex) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. The claimant does not have spasticity due to an upper motor neuron syndrome. There is no identified new injury or acute exacerbation and therefore Zanaflex is not medically necessary.