

Case Number:	CM15-0095743		
Date Assigned:	05/22/2015	Date of Injury:	12/27/2011
Decision Date:	06/30/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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, Hawaii

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 36 year old male, who sustained an industrial injury on 12/27/2011. He reported that while lifting a 25-pound case of product off of the ground he heard a popping sound and felt a stabbing sensation to the back. The injured worker was diagnosed as having low back pain, post lumbar laminectomy with lumbar four to five discectomy, nonorganic sleep disorder, lumbar radiculitis, adjustment disorder with mixed anxiety and depressed mood, and long-term use of non-steroidal anti-inflammatory drugs. Treatment and diagnostic studies to date has included land physical therapy and water physical therapy with an approximate total of 20 sessions, status post spinal surgery, transforaminal epidural steroid injection, and medication regimen. In a progress note dated 02/25/2015 the treating physician reports complaints of intermittent, aching, burning pain to the low back with pins and needles; constant, aching, burning pain to the neck with pins and needles; constant, aching, burning, pain to the heels with pins and needles; and intermittent pain to the right knee. Examination of the lumbar spine was revealing for painful range of motion, tenderness, spasm, trigger point twitch, and tight muscle band on palpation of the paravertebral muscles along with spinous process tenderness at lumbar four to five. The injured worker was also remarkable for multiple myofascial trigger points at the lumbar paraspinous muscles bilaterally, positive lumbar facet loading bilaterally, positive straight leg raises bilaterally, positive Faber test on the right side, and tenderness over the sacroiliac joint on the right side. The injured worker's current medication regimen includes Zolpidem Tartate, Hydrocodone-Acetaminophen, Naproxen, Viagra, Zanaflex, and Penicillin VK. The treating physician notes that use of the medications partially relieve the injured worker's symptoms. The

injured worker has a pain level of an 8 on a scale of 0 to 10 and has a multiple list of activities of daily living that causes pain. However, the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his current medication regimen and after use of his current medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of the current medication regimen. The treating physician requested the medication Zanaflex 2mg with a quantity of 90, but the documentation provided did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants, antispasticity/antispasmodic drugs.

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

Decision rationale: The patient presents with pain affecting low back, neck and right knee. The current request is for Zanaflex 2 mg #90. The requesting treating physician report was not found in the documents provided. The treating physician report dated 4/1/15 (106B) states, "(The patient) describes his pain as follows: low back pain is present most of the time aching, stabbing in the back and pins and needles, numbness in the right foot and pain in both heels." The MTUS guidelines have the following regarding Tizanidine: "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. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) 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." MTUS page 60 require recording of pain and function when medications are used for chronic pain. The medical records provided, show the patient has been taking Zanafelx since at least 2/25/15(101B). The report dated 4/1/15 (106B) states, "He notes medications provide partial relief. He takes Norco, diazepam, naproxen." In this case, while the patient does present with some form of myofascial pain, the treating physician does not discuss Zanafelx's efficacy in treating the patient's symptoms and a record of pain and function while taking the medication is not provided. The MTUS guidelines require more documentation to recommend the continued usage of Zanaflex. The request is not medically necessary and the recommendation is for denial.