

Case Number:	CM13-0011463		
Date Assigned:	06/09/2014	Date of Injury:	03/17/2000
Decision Date:	07/28/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50 year old female with a work injury dated 3/17/00. Her diagnoses include degenerative joint disease of the bilateral knees. The patient is status post two left knee arthroscopy surgical procedures, and status post one right knee arthroscopy surgical procedure. Previous conservative treatments have included physical therapy, aquatic therapy, transcutaneous electrical nerve stimulation (TENS), activity modifications and medications. Under consideration is a request for Zanaflex 4mg # 180. There is a 7/25/13 progress note which states she has chronic bilateral knee pain. The patient has severe osteoarthritis and the patient is status-post bilateral knee arthroscopic surgery. She describes the character of the pain as aching. There are symptoms of intermittent leg cramps during the night (also spasms.) The patient reports occasional knee buckling and knee catching (mostly the right knee). On physical examination there is a well-healed scar along the lower portion of the lumbar spine. Her gait is antalgic. There is tenderness of the lumbar spine with normal range of motion of the cervical and lumbar regions. The bilateral knee exam shows some medial knee joint tenderness to palpation, right greater than left. There is no increase in warmth of bilateral knees. There is no erythema or swelling in bilateral knees. There is a negative McMurray's, and Lachmann's test bilaterally. There is no medial or lateral laxity of the bilateral knees. The strength is intact throughout bilateral lower extremities. The upper and lower extremities have 5/5 in all muscle groups bilaterally. There is reduced sensation in the medial aspect of the right and left ankle and forefoot in a non-specific pattern.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65.

Decision rationale: The MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic pain. Tizanidine (Zanaflex) is FDA approved for management of spasticity; and as an unlabeled use for low back pain. The documentation submitted does not reveal any indication of spasticity on physical exam. The documentation indicates that the patient takes Zanaflex for her chronic knee pain. The documentation does not indicate that the patient is having an acute exacerbation of her pain and that her pain chronic. The request is therefore not medically necessary.