

Case Number:	CM13-0019166		
Date Assigned:	10/11/2013	Date of Injury:	04/20/2010
Decision Date:	02/20/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 physician 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 injured worker was struck by a door resulting in left ankle contusion in April 2010. She underwent left foot synovectomy and peroneal repair in May 2011. Other treatment included physical therapy (PT), immobilization, bracing, acupuncture, and two lumbar sympathetic blocks by February 2012 without resolution of symptoms. Diagnoses at that time were left ankle contusion status post surgery, complex regional pain syndrome (CPRS) and left low back pain. Medications were Percocet 7.5/325 3 times daily as needed, and Neurontin 300 mg 3times daily to be tapered to 900 mg 3 times daily. Examination showed 90% range of motion and a cool, discolored foot. The worker declined palpation due to pain, described as ranging from 1-8/10. Specialty consultation for complex regional pain syndrome was obtained, and in January of 2013 a trial of dorsal column stimulator (DCS) was requested. Medications in February 2013 were Oxycontin 20 mg at bedtime, Oxycodone 15 mg every 8 hours as needed, and Neurontin 600 mg 3 times daily. Neurontin was later stopped. The patient changed to new Pain specialists who recommended Tizanidine, Lexapro, Trazodone and Neurontin. Opioids were reduced to Percocet 7.5/325, 1-4 times daily. A 6/2013 DCS trial was a "complete success," with markedly improved functional mobility and reduction in Percocet to 0-1 daily. Implantation was requested and approved. However, the patient experienced episodic severe low back pain after the procedure. She was fearful that proceeding with the implant might substitute disabling back pain for CPRS improvement, and opted for a course of PT before going forward. Tizanidine 4 mg QHS has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg QHS: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 100.

Decision rationale: The California MTUS supports unlabeled use of Tizanidine for low back pain, at an initial dose of 4 mg, reporting that 8 studies have reported success. (Page 100.) The injured worker has responded to a DCS trial and shows promise for near complete resolution of foot symptoms with implantation. The limiting concern is the presence of back pain resulting from the trial procedure, and concern for further pain from permanent implantation. Treatment of back symptoms with Zanaflex in this setting is therefore medically necessary.