

Case Number:	CM13-0059217		
Date Assigned:	12/30/2013	Date of Injury:	06/25/2009
Decision Date:	04/10/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	11/26/2013

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 Anesthesia has a subspecialty in Acupuncture and Pain 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 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:

This 40 year old male injured worker with date of injury 6/25/09 with related right upper extremity pain and right hand pain. He is diagnosed with upper extremity causalgia, peripheral neuropathies, and extremity pain. He is status post permanent SCS placement in 11/2011. Cervical MRI 10/31/11 revealed degenerative bone induced changes most pronounced at C5-C6 where a large posterior degenerative osteophyte is present. Degenerative facet changes mildly narrow the nerve root foramina bilaterally at C4-C5 and to a slightly greater extent at C5-C6. He has been treated with physical therapy and medication management. The date of UR decision was 11/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine (Zanaflex) 4 mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: Per MTUS CPMTG page 66 "Tizanidine 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. (Malanga, 2002). May also provide benefit as an adjunct treatment for fibromyalgia." MTUS CPMTG page 38 indicates alpha2 agonist therapy can be useful for CRPS. I respectfully disagree with the UR physician that all muscle relaxants are indicated for short term use only. The request is medically necessary.