MAXIMUS Federal Services

Case Number:	CM13-0065804		
Date Assigned:	01/03/2014	Date of Injury:	01/23/2008
Decision Date:	07/15/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/13/2013

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 Internal Medicine and is licensed to practice in New York. 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 61 year old male who was injured on 01/23/2008 due to cumulative stress of work. His diagnoses are lumbosacral spondylosis and chronic pain syndrome. Prior treatment history has included the patient undergoing peripheral nerve field stimulation trial on 07/08/2013, left cervical radiofrequency ablation at C3-C4 and C4-C5 on 10/21/2013, bilateral C3, c4, C5 medial branch block 02/25/2013, bilateral L4-L5-S1 medial branch block on 05/06/2013. The patient also received massage therapy and chiropractic treatment. The patient's medications include OxyContin, Zanaflex, and Terocin Patch.Progress note dated 09/20/2013 documented the patient has worse pain in the back. There is also pain in the neck. Current pain level is 7/10, least pain level 5/10, worst pain level 9/10, average monthly pain was 8/10. The pain is constant and since it started has increased. Objective findings on exam reveal the patient is ambulating normally without any difficulty or assisting devices. Inspection of the cervical spine is within normal limits, there is no erythema, swelling or deformity. There is tenderness to palpation in the bilateral paraspinal muscles. There is tenderness to palpation of the cervical facet joints bilaterally. On range of motion extension is limited and painful. Right lateral bending and facet loading is limited and painful. Left lateral bending and facet loading is limited and painful. Strength testing of bilateral arm flexion, extension, abduction and grip strength is graded at 5/5. Special testing of the cervical spine is normal. There is no dysfunction or nerve root irritation.Progress note dated 11/07/2013 documented the patient to have complaints of the worse area of pain is in the back. There is also pain in the neck. Current pain level is 7/10, least pain level is 5/10 and worst pain level is 9/10, average monthly pain was 8/10. The pain is constant and since the pain has started it has increased. The treating provider has requested Zanaflex 4mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG #15: 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 Tizanidine (Zanaflex, generic available) Page(s): 66.

Decision rationale: According to the CA MTUS Guidelines, Zanaflex is a muscle relaxant which is not recommended for long term use. It is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity. In this case, this patient has been prescribed this medication chronically and failed to derive any lasting benefit or functional improvement through prior usage of this medication. Additionally, the recent progress notes lack documentation of muscle spasms on physical exam. There is documentation of increased back pain indicating no improved performance or pain relief with the use of this medication. Medical necessity for the requested medication has not been established.