

Case Number:	CM13-0069264		
Date Assigned:	01/03/2014	Date of Injury:	04/11/2001
Decision Date:	04/23/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/20/2013

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 Family Practice, 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 is a 63-year-old male patient with a work related injury 04/11/2001. The mechanism of injury was not provided. Current medications listed are Norco 5/325 mg 1 to 2 tabs daily, Nabumetone 500 mg 1 tab daily as needed, and Zanaflex 2 mg 1 to 2 tabs at bedtime. Other medications listed include aspirin EC 81 mg 1 tab daily, Lisinopril 10 mg 1 tab twice daily, Metoprolol Succinate ER 50 mg 1 tab twice a day, and simvastatin 80 mg 1 tab daily. Other treatments have been an SI joint injection on 02/25/2008 and 11/10/2008 with reported 50% or greater decrease in pain, improved range of motion, and improved walking tolerance. On 04/16/2009, a left CTR showed excellent improvement of hand numbness and tingling. Another SI joint injection on 08/10/2009 gave greater than 75% relief. Trials of other medications were gabapentin, Lyrica, and Cymbalta. On 05/21/2012, the patient had a left sacroiliac joint injection reported excellent relief. On 01/24/2012, an EMG/NCS revealed CTS, moderate to severe bilaterally; status post CTR times 2, last one in 2009. EMG showed significant CV drop across the elbow on left C/W mild ulnar neuropathy on the left at the level of the elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 2MG #30 WITH ONE (1) REFILL: 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, 111.

Decision rationale: The CA MTUS Guidelines state, "Tizanidine (Zanaflex®) Tizanidine is a muscle relaxant. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." The request for Zanaflex 2mg#30,1 refill is non-certified. Although the patient continues to have ongoing pain, it's also noted per patient that has been no change in activity level and reports medications are working well without any side effects noted. The CA MTUS Guidelines do recommend the medication as a muscle relaxant and recommend short-term use. The documentation submitted for review did not provide any evidence of spasticity or spasm and current medication regimen is reportedly effective. Therefore, the request is non-certified.