

Case Number:	CM13-0069332		
Date Assigned:	01/03/2014	Date of Injury:	08/06/2003
Decision Date:	04/15/2014	UR Denial Date:	11/20/2013
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 49 year old female with date of injury of 08/06/2003. The listed diagnoses per [REDACTED] dated 11/18/2013 are: 1. Status post endoscopic surgery both shoulder, with residuals 2. Neck and spine pain 3. Cervical facet arthrosis 4. Lumbar facet arthrosis According to progress report dated 11/18/2013 by [REDACTED], the patient complains of pain in her shoulder, neck and back. She reports that the pain in her neck radiates into her shoulder and the upper arms and across the upper and lower back. She rates her pain 8/10 without medication and 5/10 with medication. It takes 1 hour after taking medications to get improvement and the improvement in pain lasts for 3-4 hours. Her pain is aggravated by bending, twisting, lifting, walking, sitting and sleeping on her shoulders. Her pain improves with medication, rest and avoidance of strenuous activities. She currently takes Subutex, Cymbalta, Topamax, Buspar and Zanaflex. She denies any adverse side effects to medication use. Physical examination shows tenderness in the paravertebral muscles of the thoracic and lumbar spine regions. She complains of pain with range of motion movements. There is no evidence of aberrant medication use. Treater is requesting a refill for Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex: Overturned

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

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

Decision rationale: The Expert Reviewer's decision rationale: This patient presents with chronic shoulder, neck and back pain. The treater is requesting a refill for Zanaflex. Utilization review dated 11/20/2013 denied the request stating that "there is no still documentation of significant improvement in spasm or functional status with chronic daily treatment with Zanaflex." Progress report dated 11/18/2013 by [REDACTED] notes "Her pain level before taking medications is 8/10 and after taking medications is 5/10. Her pain is improved with medication, rest and avoiding strenuous activities. Her activities of daily living include cooking, house chores, grocery shopping and post office." MTUS guidelines p66 for Zanaflex also known as Tizanidine states that "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." Review of records from 01/16/2013 to 11/18/2013 show that the patient has been using Zanaflex since 01/16/2013. MTUS p60 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. In this case, the treater has provided documentation of pain assessments and functional improvements as it relates to the use of medications. Therefore, recommendation is for authorization.