

Case Number:	CM13-0072173		
Date Assigned:	01/17/2014	Date of Injury:	04/18/2012
Decision Date:	06/13/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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, 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 47 year old female who was injured on 04/18/2012 while she fell on raised concrete. She fractured her fifth metatarsal, injured her right knee, right hip, right shoulder and arm as well as her left upper extremity. Prior treatment history has included a percutaneous implantation of dual spinal cord stimulator leads for trial basis on 07/30/2013; however, it was removed on 08/02/2013 as it was moving in her spine. The patient had an injection in her cervicothoracic spine on 12/11/2013 with some lower extremity relief for 1 ½ days. She has also undergone RSD/CPRS of the right 5th MT fracture with ORIF in April of 2012 as well bilateral carpal tunnel release on 07/09/2013. The patient attended physical therapy for a total of 20 visits. Her medications include Zanaflex since 03/14/2013, Imitrex, Ativan, Lyrica, Trazodone, OxyContin, and Percocet. A PR-2 dated 12/10/2013 documented the patient with complaints of shoulder and arm pain as well as low back and right leg pain. Objective findings on physical exam reveal bilateral shoulders are tender about the biceps tendon as well as the acromioclavicular joint. There is generalized tenderness as well. Range of motion is limited by pain. Active abduction is 100 degrees. Flexion is 90 degrees. Passive motion is greater than this. External rotation is 80 degrees. The supraspinatus and impingement maneuvers are positive. Examination of the right lower extremity reveals allodynia, diffuse tenderness and hypersensitivity with a mottled appearance to the skin.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 ZANAFLEX 4MG WITH ONE REFILL: Upheld

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

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

Decision rationale: According to the MTUS Chronic Pain Guidelines, Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The medical records provided for review lack documentation of significant improvement of pain and function through use of the medication. The request is not medically necessary and appropriate.