

Case Number:	CM14-0133980		
Date Assigned:	08/25/2014	Date of Injury:	03/23/2009
Decision Date:	09/23/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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 and Rehabilitation, has a subspecialty in Pain management, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 45-year-old male who reported an injury on March 23, 2009. Reportedly, he worked as a plumber for approximately 6 years, and as a carpenter for approximately five years, when he sustained a specific injury as a plumber. While working as a service technician, he was pulling out a sewer ejector pump from a pit that was four to six feet deep when he developed acute onset of left sided neck pain with radiation to the left upper extremity. The injured worker's treatment history included cervical epidural steroid injections, medications, surgery, physical therapy, and a spinal cord stimulator trial. Within the documentation, it was noted the injured worker had a spinal cord stimulator trial which was helpful in decreasing some of his pain in the left upper extremity in August of 2012, and underwent spinal cord stimulator implantation. The injured worker was evaluated on August 6, 2014. It was documented the injured worker complained of severe arm pain and neck pain. He uses medication, which does improve his functional stimulation stand and walk better. He has had no side effects from the medication. He uses 75 mcg per hour and 25 mcg per hour of fentanyl patch for pain. He uses Zanaflex for muscle spasms. He finds that all of the medications help decrease his pain. He has improvement in function with medications. Without medication, he states that he would not be able to independently bathe himself or dress himself, and would need assistance at home. The injured worker ambulated into the examination room without assistance. Range of motion of the cervical spine was nil secondary to cervical fusion. He has a well healed surgical scar from his cervical fusion. He had tenderness at head spasming of the trapezius bilaterally. He has tenderness over the cervical paraspinals. He had depressed deep tendon reflexes to the left biceps and triceps, as well as brachioradialis. His right biceps, triceps, and brachioradialis are approximately 1+. Motor function to the bilateral upper

extremities is about 4/5 to triceps extension, biceps flexion, wrist extension and flexion against resistance. Finger/thumb opposition testing bilaterally and finger extension abduction was resistant. Shoulder abduction bilaterally is about 4/5 and symmetrical. The provider noted the injured worker's level with medication including fentanyl is about 7/10 without medication. It's 10/10 on the VAS pain scale. Medications included Lidoderm 5% patch, fentanyl 25 mcg patch, Zanaflex 4 mg, gabapentin 600 mg, glucosamine sulfate 500 mg, and venlafaxine HCL ER 75 mg. Diagnoses included cervical disc displacement without myelopathy, long term use of medications, pain in joint shoulder, and chronic pain syndrome. The Request for Authorization dated August 7, 2014 was for Zanaflex 4 mg. The rationale for medications was (that without?) this medication the injured worker would suffer from a lot more muscle tension, causing the provider to increase the other medications and consider more expensive procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine-Zanaflex 4mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The Chronic Pain Medical Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documents submitted indicated the injured worker received prior conservative care. However, the outcome measurements were not provided. Furthermore, the documentation indicated the injured worker has been on Zanaflex since 08/2013 which exceeds the guidelines' recommendation of short-term use. The request failed to include duration and frequency of medication. The guidelines do not recommend Zanaflex to be used for long-term-use. Given the above, the request for Tizanidine-Zanaflex 4mg, ninety count, is not medically necessary or appropriate.