

Case Number:	CM14-0135702		
Date Assigned:	08/29/2014	Date of Injury:	10/31/2011
Decision Date:	09/30/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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 Anesthesiology, has a subspecialty in Pain management and is licensed to practice in Tennessee. 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 39-year-old female with a 10/31/11 date of injury. She injured her left neck, shoulder, and leg when she fell down some stairs while at work. According to a progress report dated 7/16/14, the patient reported a flare-up of left shoulder pain over the past few days. She stated that for the past 3 to 4 months she has had some increased pain but worse over the past 1 week. Objective findings: slightly restricted left shoulder ROM, diffuse tenderness including over the bicipital tendon, tenderness and increased muscle tone in the left trapezius where taut muscle bands are felt. Diagnostic impression: chronic left shoulder pain, tendinopathy of infraspinatus tendon, impingement syndrome, myofascial pain. Treatment to date: medication management, activity modification, physical therapy, TENS unit. A UR decision dated 7/31/14 denied the request for Zanaflex. In order for this medication to be considered for certification on subsequent review, evidence of acute exacerbation of pain symptoms and/or muscle spasms and documentation of medical necessity will be required. Treatment to date: medication management, activity modification, physical therapy, TENS unit. A UR decision dated 7/31/14 denied the request for Zanaflex. In order for this medication to be considered for certification on subsequent review, evidence of acute exacerbation of pain symptoms and/or muscle spasms and documentation of medical necessity will be required.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 20 mg #60: 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 Page(s): 63-66.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 63-66. The Expert Reviewer's decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain." In addition, MTUS also states that "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. There is no documentation of an acute exacerbation to the patient's pain. In addition, there is no documentation of subjective or objective findings indicative of muscle spasms. Furthermore, Zanaflex is not available in a 20mg strength. Zanaflex is available in a 2mg, 4mg, and 6mg formulation. Therefore, the request for Zanaflex 20mg #60 was not medically necessary.