

Case Number:	CM14-0151397		
Date Assigned:	09/19/2014	Date of Injury:	08/10/2011
Decision Date:	10/23/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/16/2014

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 Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/10/11 when he was involved in a motor vehicle accident with injury to multiple body parts. Treatments have included physical therapy, knee viscosupplementation, right knee arthroscopy in 2011, TENS, and injections. He underwent facet injections on in February 2013 and radiofrequency ablation in September 2013. EMG/NCS testing in March 2013 showed findings of mild to moderate right carpal tunnel syndrome and possible bilateral S1 radiculopathies. He was seen on 01/06/14 with cervical and lumbar spine pain radiating into the right upper extremity and both lower extremities. He was having right shoulder, bilateral knee, and right hand and wrist pain. There had been no improvement after the radiofrequency ablation. Medications were tramadol, Robaxin, and Norco. He was seen by the requesting provider on 09/17/13 with ongoing low back and bilateral knee pain. He was working part-time at a restaurant and exercising at a gym 4-5 days per week. Medications are referenced as working well and were Norco 5/325 mg, Ultram ER, and Robaxin. Physical examination findings included decreased and painful lumbar spine range of motion with decreased right lower extremity sensation. There was a slight limp. On 02/25/14 pain was rated at 6/10 with and 8/10 without medications. He was continuing to work part time and exercising. Physical examination findings included cervical and lumbar paraspinal muscle tenderness and bilateral knee crepitus. He had decreased lumbar spine range of motion. Norco 5/325 mg #120, Ultram 150 mg #120, and Robaxin 750 mg #120 were prescribed. On 05/20/14 he was having numbness, tingling, and pain in his hands. There was a pending hand surgery evaluation. Urine drug screening in February 2014 had shown expected findings. Norco #60, Ultram #60 were prescribed. Robaxin was changed to Zanaflex 4 mg #60. On 07/22/14 he was having ongoing neck, low back, right shoulder, and bilateral knee pain. The hand surgery evaluation was

pending. Pain was rated at 4-5/10 with and 8/10 without medications and referenced as allowing him to consistently exercise. He had purchased a recumbent bicycle and was using it at home. He had cervical and lumbar paraspinal muscle tenderness without report of muscle spasms. Medications were refilled. On 09/12/14 his TENS unit had been repaired. Pain was rated at 4-5/10 with an 8/10 without medications. Physical examination findings were unchanged. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg two (2) times per day, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant is more than 4 years status post work-related injury and continues to be treated for chronic neck, low back, right shoulder, and bilateral knee pain. Treatments have included muscle relaxants prescribed on a long-term basis. Tizanidine (Zanaflex) is a centrally acting alpha 2- adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. It is therefore, not medically necessary.