

Case Number:	CM14-0158045		
Date Assigned:	10/01/2014	Date of Injury:	08/22/2009
Decision Date:	11/25/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 45 years old male with an injury date on 08/22/2009. Based on the 08/07/2014 progress report provided by [REDACTED], the diagnoses are:1. Cervical disc disease2. Cervical radiculitis3. Neck pain4. Carpal Tunnel Syndrome. According to this report, the patient complains of low back pain and increased cervical pain and spasm. Range of motion of the cervical spine is restricted. Decrease sensation to light touch over the C6 dermatomes is noted. Phalen's test is positive. There were no other significant findings noted on this report. The utilization review denied the request on 09/02/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 06/06/2014 to 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

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

Decision rationale: According to the 08/07/2014 report by [REDACTED] this patient presents with low back pain and increased cervical pain and spasm. The treater is requesting Zanaflex 4mg #120 for muscle spasm. Zanaflex, a muscle relaxant was first noted in this report. The MTUS guidelines page 66 state "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." MTUS supports the use of Zanaflex for low back pain, myofascial pain and fibromyalgia pain. This patient presents with chronic low back pain and increased neck spasm recently. The requested to start Zanaflex appears reasonable and consistence with guidelines. Recommendation is for authorization.