

Case Number:	CM14-0178307		
Date Assigned:	10/31/2014	Date of Injury:	02/21/2006
Decision Date:	12/08/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family Medicine 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:

This is a 48 year old patient who sustained an injury on 2/21/2006. The mechanism of the injury was not specified in the records provided. The current diagnoses include shoulder sprain, neck sprain, abdominal pain, migraine, rotator cuff syndrome, esophageal reflux, cervical spondylosis, lumbosacral spondylosis, lumbar disc displacement, lumbosacral neuritis and brachial neuritis. Per the doctor's note dated 8/03/14 patient had decreased range of motion, spasm and trigger points in the cervical, thoracic and lumbar spine. The medication list includes Tizanidine. Any diagnostic study report was not specified in the records provided. Patient has undergone umbilical herniorrhaphy, left inguinal herniorrhaphy and multiple cardiac surgeries. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Tizanidine 4 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Web Edition. Decision based on Non-MTUS Citation Official Disability Guidelines: Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: According to MTUS guidelines "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. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia."The patient had decreased range of motion, spasm and trigger points in the cervical, thoracic and lumbar spine, per the UR notes. A detailed note of a recent clinical evaluation by the treating or prescribing physician was not specified in the records provided. The patient sustained an injury over 8 years ago. The duration of previous use of this medicine was not specified in the records provided. The dosing instructions as to how many times in a day the medication has been recommended to be taken was not specified in the records provided. The need for Tizanidine on a daily basis with lack of documented improvement in function was not fully established. The medical necessity of Tizanidine 4 mg #30 is not established for this patient.