

Case Number:	CM14-0020986		
Date Assigned:	04/30/2014	Date of Injury:	07/03/2001
Decision Date:	08/06/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational 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 62-year-old female with a 7/3/01 date of injury. The mechanism of injury was not provided. In a 4/1/14 progress note, the patient complained of neck and shoulder pain. Objective findings included tenderness to palpation in the right AC joint; shoulder range of motion pain limited, elbow flexion could not be measured due to limited range of motion. The diagnostic impression included cervical radiculopathy, rotator cuff syndrome, and bursitis. The treatment to date includes medication management, activity modification and physical therapy. A UR decision dated 2/13/14 denied the request for Zanaflex. There are muscle spasms documented on the physical exam; however, there was no documented functional improvement from any previous use in this patient. Furthermore, guidelines specifically do not recommend muscle relaxants as being any more effective than NSAIDs alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 2MG QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

Decision rationale: The California 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 low back pain 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. According to the records reviewed, it is documented that the patient has been on Zanaflex since at least 6/25/13, if not earlier. At the time, it was prescribed for an acute flare up of right shoulder pain with muscle spasms and trigger points with a positive twitch response. No discussion has been provided as to why the patient has been continuously taking Zanaflex since then. Guidelines do not support the long term use of muscle relaxants. Furthermore, this request is for 120 tablets, which is a 4 month supply. There is no rationale provided as to why the patient requires such an excessive quantity. Therefore, the request for Zanaflex 2mg is not medically necessary.