

Case Number:	CM14-0022655		
Date Assigned:	06/11/2014	Date of Injury:	08/09/2000
Decision Date:	07/15/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/24/2014

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, 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 injured worker is a 58-year-old who reported on injury on August 9, 2000. The mechanism of injury was not noted in the documentation provided. The injured worker complained of neck and back pain, bilateral upper extremity numbness, tingling and pain to the hands and bilateral lower extremity numbness, tingling and pain to the feet. Upon physical exam the injured worker is noted with palpation of the cervical and lumbar spine revealed bilateral paraspinal tenderness extending to mid-back, decreased range of motion of the cervical and lumbar spine throughout, decreased left C5, C6, C7, L4, L5 and S1 dermatomes and hyper-reflexic bilaterally throughout. The injured worker was diagnosed with chronic pain syndrome, status post cervical fusion and herniated nucleus pulposus (HNP) cervical and lumbar spine. As of December 3, 2013 it was noted the injured worker was authorized for lumbar and cervical epidural steroid injections in addition he was to modify his activities and a home exercise program was encouraged. As of December 3, 2013 the medications noted were lorazepam, amphetamine salts, Duragesic 50mcg patch, Percocet 10/325mg and Zanaflex 4mg. The request for authorization form and rationale for Zanaflex was not included with the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 4MG #30: Upheld

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

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

Decision rationale: The injured worker has a history of neck and back pain with bilateral upper and lower extremity numbness, tingling and pain to the hands and feet. In addition the injured worker's documentation noted the use of Zanaflex 4mg. The Chronic Pain Medical Treatment Guidelines states that tizanidine (Zanaflex) is FDA approved for management of spasticity and an unlabeled use for low back pain. The Dosing is 4 mg initial dose; titrate gradually by 2 - 4 mg every six to eight hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day. The documentation provided noted that side effects and potential complications of medications were discussed and the injured worker acknowledged understanding. However, the request for continued use exceeds guideline recommendations for no longer than 4 weeks. In addition, the request does not include the frequency. The request for Zanaflex 4mg, thirty count, is not medically necessary or appropriate.