

Case Number:	CM14-0039310		
Date Assigned:	06/27/2014	Date of Injury:	10/03/2002
Decision Date:	08/20/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/03/2014

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 Practice, has a subspecialty 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:

Patient is a 60-year-old female claimant sustained a work-related injury on 10/3/2002 involving the low back, legs and left shoulder. She was diagnosed with lumbar radiculopathy and underwent a laminectomy. She subsequently developed post lumbar laminectomy syndrome. She had developed a high riding humeral head has suggested on a CT scan in August 2013 with suspected rotator cuff tear. She underwent left shoulder surgery in October 2013. Her pain had been initially managed with opioids and NSAIDs. A progress notes on November 8, 2013 noted the claimant had two out of 10 pain after epidural steroid injections were received. She had improved left shoulder pain and reticular symptoms. Exam findings were notable for reduced range of motion in the lumbar spine, a positive leg raise on the left side, paravertebral muscle spasms, restricted flexion, extension, internal rotation and abduction of the left shoulder. At the time the claimant had been taking Norco, Celebrex and Zanaflex 4mg . A progress note on February 28, 2014 indicated the claimant had 9/10pain without medications and 5/10 with medications. She had been on Norco, Celebrex and Zanaflex. There were no acute findings or significant changes in the examination. The claimant was continued on the prior medications along with the addition of MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #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 RELAXANTS Page(s): 63-64.

Decision rationale: According to the MTUS guidelines, Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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. In this case the claimant had been on opioids, NSAIDs(Cox 2 inhibitors), and Zanaflex. The combination of the medications to not show additional benefit. In addition the claimant had been on Zanaflex for at least five months. Efficacy diminishes overtime as well as the risk of addiction and tolerance. Tapering of Zanaflex or other medications in combination were not noted. Continuation of Zanaflex as in question above is not medically necessary.