

Case Number:	CM14-0040630		
Date Assigned:	06/27/2014	Date of Injury:	03/09/2004
Decision Date:	10/03/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/07/2014

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 Texas. 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 56 year old female with industrial injury date of 3/09/2004. She has a history of bilateral CTR and C4-6 anterior decompression and fusion in 2006. She has continues treatment for chronic pain syndrome and failed back surgery syndrome, cervical. A peer review dated 3/19/2014 modified the requested Zanaflex 4mg q8hr, to certify#15 for weaning. The patient presented for routine pain management follow up on 2/27/2014. She reports neck pain of mild severity. Her symptoms fluctuate; pain is daily, located in the entire neck, bilateral shoulders, arms and upper back. Current medications are Tizanidine, Prilosec, MS Contin, Norco, Promethazine, Miralax, Aspirin 81 mg, Amlodipine Besylate, Tums and Omega-3 Fatty Acids. On physical examination, there is tenderness of the cervical paraspinal region, decreased sensory of the bilateral deltoid patch, 1st web space, thumb/index and middle finger, limited active range of motion (ROM) due to pain normal bilateral biceps strength, 4+/5 deltoid strength, 1/4 right and 0/4 biceps reflexes. Diagnoses are COAT, failed back syndrome cervical, degenerative disc disease (DDD) cervical and chronic pain due to trauma. Medications prescribed are Zanaflex 4 mg #90, Promethazine 25mg #90, Prilosec 40mg #30, Norco 10/235mg #60, MS Contin 30 mg #60 and 15 mg #60. The patient's 2/27/2014 urinary drug screening (UDS) results was positive for Hydrocodone and negative for Morphine, which is inconsistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4MG Q8hr: Upheld

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

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

Decision rationale: The CA MTUS recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back. Injured worker was recommended for a short course of therapy. Tizanidine is FDA approved for management of spasticity; unlabeled use for back pain. There is no evidence of muscle spasms documented on examination. In addition, the medical records do not demonstrate an acute exacerbation present. Furthermore, review of the medical records indicates chronic use of Tizanidine, which is not recommended under the guidelines. Given these factors, the medical necessity and appropriateness of Zanaflex has not been established.