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| Case Number: | CM14-0042520 | | |
| Date Assigned: | 06/30/2014 | Date of Injury: | 08/03/2002 |
| Decision Date: | 07/31/2014 | UR Denial Date: | 03/28/2014 |
| Priority: | Standard | Application Received: | 04/09/2014 |

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial of August 3, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; muscle relaxants; attorney representation; earlier right shoulder surgery in June 2012; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 28, 2014, the claims administrator approved request for Norco, Prilosec, Neurontin, Prozac, Imitrex, Elavil, and Colace while denying a request for Zanaflex 4 mg #60. In a March 12, 2014 progress note, the applicant presented with multifocal complaints of neck, shoulder, low back, and knee pain. The applicant reported 8/10 pain with medications and 3/10 pain without medications. The applicant stated that Imitrex was helpful for headaches and that Motrin was upsetting her stomach. Prozac was ameliorating the applicant's mood. Prilosec was being employed for dyspepsia, it was stated. The applicant was also having occasional constipation, it was stated. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. In an appeal letter dated January 30, 2014, the attending provider stated that the applicant was using Zanaflex predominantly for chronic pain in the right shoulder and that the applicant had ancillary complaints of left knee and low back pain versus myofascial pain. The attending provider stated that the applicant was using Zanaflex for myofascial pain. The attending provider again stated on March 12, 2014 that the applicant's pain levels dropped from 8/10 without medications to 3/10 with medications. The attending provider again stated that Imitrex was helpful and that Prilosec was ameliorating symptoms of dyspepsia associated with NSAID usage. The attending provider then stated that he would add amitriptyline or Elavil for nighttime usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 66, Tizanidine section. page 7 Page(s): 66, 7.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines states that tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed for unlabeled use for low back pain, in this case, however, the bulk of the applicant's complaints seemingly stem from the shoulder, a body part for which the MTUS does not support off labeled usage of Zanaflex. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that an attending provider incorporate some discussion of medication efficacy into choice of recommendations. In this case, while the attending provider has documented improvement with a variety of other pain medications, including Norco, Imitrex, Motrin, Prozac, etc., the attending provider has not specifically described or detailed how tizanidine has been beneficial here. Therefore, the request for Tizanidine is not medically necessary.