

Case Number:	CM14-0044885		
Date Assigned:	07/02/2014	Date of Injury:	10/10/2001
Decision Date:	08/21/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/11/2014

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, has a subspecialty in Pain 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 injured worker is a 63-year-old male who reported injury 10/10/2001. The mechanism of injury was not provided within the medical records. The clinical note dated 07/18/2004 indicated diagnoses of bilateral cuff tears and impingement, bilateral post-traumatic degenerative joint disease of the knee. The injured worker reported giving way and pain in the right knee. On physical examination of the right knee, the injured worker had atrophy and loss of strength in the right knee and a positive squat and Apley's test. The injured worker had 10 degree flexion deficit to the lower extremities. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Tizanidine, Lyrica and Omeprazole and Hydrocodone. A Request for Authorization dated 07/08/2014 was submitted for Zanaflex (Tizanidine); however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg BID #180: Upheld

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

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

Decision rationale: The California MTUS guidelines recognize Zanaflex as a centrally acting alpha2-adrenergic agonist muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, it was not indicated if the injured worker had tried a first line option such as an NSAID. Moreover, Zanaflex (Tizanidine) is for short term use. It was not indicated how long the injured worker had been utilizing this medication. Moreover, the documentation submitted did not indicate the injured worker had findings that would support he was at risk for acute exacerbations or exacerbations. Therefore, the request for Zanaflex is not medically necessary.