

Case Number:	CM14-0047415		
Date Assigned:	07/02/2014	Date of Injury:	04/12/2001
Decision Date:	09/18/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/15/2014

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 70-year-old female who reported an injury after she slipped and fell backwards, landing on her back on the cement floor, on 04/12/2001. The clinical note dated 08/13/2014 indicated diagnoses of cervical radiculopathy, lumbar radiculopathy, cervical spondylosis, lumbar spondylosis, upper and lower extremity radiculitis, chronic pain syndrome, chronic neck pain, chronic low back pain, neuropathic pain of the upper and lower extremities, bilateral carpal tunnel syndrome, status post carpal tunnel release of the left hand with persistent numbness and tingling, and insomnia secondary to chronic pain. The injured worker reported depression, anxiety, stress and nervousness. The injured worker reported continuous pain in the neck with pain that radiated to her head, bilateral upper extremities, and down her spine. The injured worker reported her neck pain was present 100% of the time, with numbness and tingling in her bilateral upper extremities, and rated 8/10 to 9/10. The injured worker reported she had constant headaches associated with her neck pain. The injured worker reported stiffness in the neck that was aggravated by tilting her head up, down, or moving her head from side to side. The injured worker reported the pain increased with prolonged sitting and standing. The injured worker reported difficulty sleeping and awakening with pain and discomfort. She reported medications helped alleviate the pain. The injured worker reported continuous pain to her bilateral shoulders that radiated to her neck, arms and fingers that was present 100% of the time. She described the pain as popping, clicking and grinding sensation in the shoulder. The injured worker reported numbness and tingling in her bilateral upper extremities and reported her pain was 8/10. The injured worker reported her pain increased with reaching, moving her arm backwards, and lifting upper extremities above shoulder level. The injured worker reported continuous left wrist hand pain that radiated to her forearm and fingers, that was present 100% of the time with numbness and tingling in her left hand and fingers. The injured worker reported

cramping and weakness in her hand, and reported she had dropped several objects. She rated her pain 7/10 to 8/10, and reported her pain was increased with gripping, grasping, flexing, extending, rotating, and repetitive hand and finger movements. The injured worker reported continuous pain in the low back that radiated to her bilateral lower extremities, that was persistent 100% of the time with numbness and tingling in her bilateral lower extremities. She rated her pain 7/10. The injured worker reported continuous pain in her bilateral knees, with pain that radiated to her feet and was present 100% of the time, described as clicking and popping in her knees. She also reported episodes of swelling in the knee. The injured worker reported her knee had given out, causing her to lose her balance. The injured worker reported her pain to be 8/10. On a bad day, her pain increased to 9/10. The injured worker reported difficulties with self-care and personal hygiene, such as taking a shower or bath, washing and drying her body, getting on and off the toilet, getting dressed, putting on and taking off her shoes and socks. The injured worker's treatment plan included recommendation for a CAT scan and a request for physical therapy. The injured worker's prior treatments included diagnostic imaging, surgery and medication management. The injured worker's medication regimen included Tylenol, Zanaflex, Lunesta and Senokot S. The provider discussed the benefits and probable side effects of the prescribed medication and instructed the injured worker that medications are only to be taken as prescribed. The provider submitted a request for Zanaflex. A Request for Authorization dated 08/13/2014 was submitted for Zanaflex. 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 6mg three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/ Antispasmodic Drugs Page(s): 66.

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

Decision rationale: The request for Zanaflex 6mg three times a day is not medically necessary. 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. Although the injured worker reported medications have alleviated the pain, the injured worker continued to rate her pain 7/10 to 8/10, or 8/10 to 9/10. There is no indication that the use of Zanaflex has resulted in diminished pain levels or functional improvement. In addition, the injured worker has been utilizing the Zanaflex since at least 06/2014, which exceeds the guidelines' recommendation for short-term use. Moreover, the request did not indicate a quantity for the Zanaflex. Therefore, the request for Zanaflex is not medically necessary.