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| Case Number: | CM14-0063060 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 10/27/2004 |
| Decision Date: | 07/18/2014 | UR Denial Date: | 02/28/2014 |
| Priority: | Standard | Application Received: | 03/18/2014 |

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 Illinois. 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 66-year-old female with an injury reported on 10/27/2004. The mechanism of injury was not provided within the clinical notes. The clinical note dated 02/26/2014 reported that the injured worker complained of neck and low back pain. The physical examination of the injured worker's cervical spine revealed spasm, tenderness, and decreased range of motion. Radiculopathy bilaterally at C4-7 was noted. The physical examination of the injured worker's lumbar spine revealed spasms, tenderness, and limited range of motion. The injured worker had a positive straight leg raise bilaterally at 45 degrees. The left shoulder examination revealed a positive impingement sign. The injured worker's diagnoses included cervical discogenic disease with radiculopathy; lumbar discogenic disease with radiculopathy; status post bilateral carpal tunnel release with residuals; and bilateral knee osteoarthritis. The injured worker's prescribed medication list included genocin, Prilosec, Norco, Zanaflex, and Neurontin. The provider requested Zanaflex; the rationale was not provided within the clinical notes. The request for authorization was submitted on 03/16/2014. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

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

Decision rationale: The injured worker complained of neck and low back pain. The treating physician's rationale for Zanaflex was not provided within the clinical notes. The Chronic Pain Medical Treatment 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 a lack of clinical information provided documenting the efficacy of Zanaflex as evidenced by decreased pain, decreased muscle spasms, and significant objective functional improvements. Furthermore, the requesting provider did not specify the utilization frequency, dose, or quantity of the medication being requested. Therefore, the request for Zanaflex is not medically necessary.