

Case Number:	CM14-0081304		
Date Assigned:	07/18/2014	Date of Injury:	07/13/1999
Decision Date:	10/27/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/02/2014

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 & 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:

According to the records made available for review, this is a 66-year-old male with a 7/13/99 date of injury. At the time (5/7/14) of the Decision for Zanaflex 2mg BID (2 x daily) #60 refills: 2, there is documentation of subjective (right hip pain and difficulty ambulating due to pain) and objective (tenderness to palpation over the greater trochanteric bursa, laterally, and pain with flexion and internal/external rotation) findings, current diagnoses (chronic lumbar herniated nucleus pulposus, right hip greater trochanteric bursitis, and status post bilateral total hip arthroplasty), and treatment to date (ongoing therapy with Zanaflex and Vicodin). There is no documentation of spasticity, acute exacerbation of chronic pain, short-term (less than two weeks) treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg BID (2 x daily) #60 refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics Page(s): 64,65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain);

Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of chronic herniated nucleus pulposus L4-5 and L5-S1, right hip greater trochanteric bursitis, and status post bilateral total hip arthroplasty. In addition, there is documentation of chronic pain. However, there is no documentation of spasticity or acute exacerbation of chronic pain. In addition, given documentation of ongoing treatment with Zanaflex, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Zanaflex. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 2mg BID (2 x daily) #60 refills: 2 is not medically necessary.