

Case Number:	CM14-0179868		
Date Assigned:	11/04/2014	Date of Injury:	04/17/2007
Decision Date:	03/16/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 59-year-old male with date of injury of 04/17/2007. The listed diagnoses from 09/18/2014 are: 1. History of chronic neck pain. 2. Degenerative disk disease. 3. Radiculopathy. 4. Status post anterior cervical decompression and stabilization from 12/07/2011. According to his report, the patient is overall the same. His pain is at a rate to 4/10 to 5/10. The patient is able to walk 3 to 4 blocks twice a day and is able to do some gardening. He is taking Flexeril 7.5 mg and found it to be more helpful than Zanaflex in relieving neck spasms, so he is able to sleep more comfortably. He complains of fatigue and weight loss. Examination shows full extension and flexion of the neck. Bilateral rotation is at 75%. Mild TTP in axial neck and right trapezius. Reflexes are 2+ in the bilateral biceps, brachioradialis. Gait is within normal limits. Treatment reports from 05/10/2014 to 09/18/2014 were provided for review. The utilization review modified the request on 10/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg 1am and 1-2 qhs prn #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain and Muscle relaxants Page(s): (s) 60 and 63-66.

Decision rationale: The MTUS Guidelines page 63 to 66 states, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha-2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled for low back pain demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome." MTUS page 60 states that for medications used for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed Zanaflex on 05/27/2014. The 09/18/2014 report notes, He is taking Flexeril 7.5 mg and found it to be more helpful than Zanaflex in relieving neck spasms, so he is able to sleep more comfortably. In this case, the treating physician has documented that a new muscle relaxant has been prescribed which resulted in decreased neck spasms. There is no rationale provided to substantiate a weaning from the Zanaflex as a substitute muscle relaxant is currently being prescribed. The current request is not medically necessary.