MAXIMUS Federal Services

Case Number:	CM14-0185213		
Date Assigned:	11/13/2014	Date of Injury:	02/24/2012
Decision Date:	04/01/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/06/2014

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: Minnesota, Florida
Certification(s)/Specialty: Orthopedic Surgery

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 male patient, who sustained an industrial injury on 02/24/2012. A primary treating office visit dated 09/30/2014 reported the patient still with complaint of pain, swelling and right ankle stiffness. He reports using Voltaren gel, Neurontin 100, Hydrocodone and Zanaflex treating his pain. Objective findings showed tender right lateral ankle; particularly along the scar. He is status post right foot surgery for 5th metatarsal fracture with open reduction, internal fixation. Status post a second surgery for hardware removal with tendon transfer and third procedure for hardware removal. A request was made for medication Zanaflex 4MG. On 10/31/2014, Utilization Review, non-certified, the request noting the CA MTUS Chronic Pain guidelines. The injured worker submitted an application for independent medical review for services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 66.

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

Decision rationale: California MTUS chronic pain guidelines indicate tizanidine is FDA approved for management of spasticity; unlabeled use for low back pain. The guidelines indicate use with caution in renal impairment and should be avoided in hepatic impairment. In light of possible hepatotoxicity, liver function tests should be monitored at 1, 3, and 6 months. The documentation provided does not indicate any history of spasticity or low back pain. Furthermore, the documentation also does not indicate liver function tests being performed at regular intervals. As such, the request for Tizanidine (Zanaflex) 4 mg 2 tablets at bedtime is not supported and the medical necessity of the request is not established.