

Case Number:	CM14-0196302		
Date Assigned:	12/04/2014	Date of Injury:	09/18/2013
Decision Date:	01/15/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	11/24/2014

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:

According to the records made available for review, this is a 48-year-old male with a 9/18/13 date of injury. At the time (11/12/14) of request for authorization for Zanaflex 4 mg #30, there is documentation of subjective (severe chronic neck pain and vision/dizziness with neck motion) and objective (limited range of motions of the cervical spine, multiple trigger points, tenderness to palpation over the cervical spine, decreased deep tendon reflexes and sensation of the upper extremities, and problems with balance and steadiness with movement of the neck in all directions) findings, current diagnoses (vertigo, retrolisthesis, post-concussion syndrome, cervical spinal stenosis, neck pain, chronic pain syndrome, and depressive disorder), and treatment to date (physical therapy and medications (including ongoing treatment with Zanaflex and Ibuprofen since at least 5/14/14)). There is no documentation of spasticity, the intention to treat over a short course (less than two weeks), 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 Zanaflex use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, section 9792.20

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. The 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 vertigo, retrolisthesis, post-concussion syndrome, cervical spinal stenosis, neck pain, chronic pain syndrome, and depressive disorder. In addition, there is no documentation of Zanaflex used as a second line treatment. However, there is no documentation of spasticity. In addition, given documentation of records reflecting prescriptions for Zanaflex since at least 5/14/14, there is no documentation of the intention to treat over a short course (less than two weeks) 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 Zanaflex use to date. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4 mg #30 is not medically necessary.