

Case Number:	CM14-0197944		
Date Assigned:	12/08/2014	Date of Injury:	02/25/2003
Decision Date:	01/23/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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 Rehab, has a subspecialty in Pain Management; 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:

The injured worker is a 52 year old male, who was injured on February 25, 2003, while performing regular work duties. The injured worker is a [REDACTED] Officer. The records indicate the current medications as Percocet; Trazodone; Fentanyl patch; and Zanaflex. The mechanism of injury is due to a motor vehicle accident. The injured worker is noted to have continued low back, and neck pain, with radiation to the right shoulder. A magnetic resonance imaging of the lumbar spine was completed on June 1, 2010, which reveals disc bulging. The records indicate lumbar epidural steroid injections completed on January 1, 2014, and October 20, 2014. On October 28, 2014, an evaluation notes the injured worker had greater than 50% pain relief following the October 28, 2014 epidural steroid injection; and continues to have spasms in the neck and low back. On October 28, 2014, the injured worker was started on Zanaflex. An evaluation on November 25, 2014, indicates the injured worker is "able to maintain current level of function and tolerate activity easier" due to the current medication regimen. The records do not indicate what the level of function is, or what activity is affected. The request for authorization is for Zanaflex capsules 4 mg, quantity #360. The primary diagnoses are unspecified arthroplasty of shoulder region; other intervertebral disc degeneration of lumbar region; degeneration of cervical intervertebral disc; and cervical spondylosis without myelopathy. On November 18, 2014, Utilization Review provided a modified certification of Zanaflex 4 mg capsules, quantity #90, bases on MTUS, Chronic Pain Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66.

Decision rationale: Regarding the request for Tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested Tizanidine (Zanaflex) is not medically necessary.