

Case Number:	CM15-0101993		
Date Assigned:	07/14/2015	Date of Injury:	02/18/2003
Decision Date:	08/13/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/28/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 64-year-old male, who sustained an industrial injury on 2/18/03. The injured worker was diagnosed as having cervicobrachial syndrome, cervical radiculitis, chronic myofascial pain syndrome, lumbar radiculitis, and gait instability and mood adjustment disorder secondary to chronic pain syndrome. Treatment to date has included oral medications including Opioids, Lyrica and Zanaflex 8mg, topical Flector patch, activity modifications, trigger point injections, physical therapy and H-wave. Currently on 3/12/15, the injured worker complains of headaches, neck and low back pain that shoot down both legs; he describes a worsening sharp, stabbing, throbbing pain across the neck and shoulder area that is constant and rated 8.5/10. He has numbness in arms, tingling in legs and feet as well as weakness. He notes medication has been helpful and effective, however the past few weeks he has not had Oxycodone and notes he is getting more frequent flare ups of back pain, spasms and neck pain. It is noted functional tolerance is limited by back pain and spasms. He has difficulty with activities of daily living and sleep due to back pain and spasms. Work status is noted to be medically disabled. Physical exam performed on 3/12/15 revealed restricted range of motion of cervical and lumbar spine, decreased lumbar lordosis, paresthesias in digits 1, 2 and 3 of left hand and digits 2, 3, 4 and 5 of right hand. An antalgic gait is also noted on the right. The treatment plan included activity modification, H-wave and continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Zanaflex 4mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Antispasticity drugs: Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. Liver function tests should be monitored baseline, 1, 3 and 6 months; documentation did not indicate liver function tests had been performed. In this case, the injured worker complains of muscle spasms, unchanged for over one year; however has no reported lumbar spasm on physical exam. He has received Zanaflex for greater than one year. In addition, the guideline criteria do not support the long-term use of muscle relaxants. His work status is noted to be medically disabled. Medical necessity for the requested medication has not been established. Zanaflex is not medically necessary.