

Case Number:	CM15-0132191		
Date Assigned:	07/20/2015	Date of Injury:	10/12/2012
Decision Date:	08/14/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old male, who sustained an industrial injury on 10/12/2012. Diagnoses include thoracolumbar junction pain and coccyx pain, status post left foot surgery (1/2014), chronic bilateral foot pain with traumatic plantar fasciitis, status post right foot surgical repair (9/2013), right knee pain status post arthroscopic surgery (4/2015), and anxiety and depression due to pain. Treatment to date has included multiple surgical interventions as well as conservative measures including diagnostics, physical therapy for the low back and knee, opioid pain medications, proton pump inhibitors, muscle relaxants and psychotherapy. Per the Primary Treating Physician's Progress Report dated 6/18/2015, the injured worker reported back and right knee pain as well as bilateral feet and ankle pain. He reports significant relief of pain with the use of Norco. He says the pain goes down from 7/10 to 4/10 in intensity with the medication. Physical examination revealed tenderness around the right knee and pain in the lumbosacral junction. He has pain with lumbar flexion, less with lumbar extension. The plan of care included physical therapy for the low back and medications and authorization was requested for Zanaflex 4mg #60 (DOS 6/18/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: 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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant sustained a work injury in October 2012 and is being treated for low back, right knee, and bilateral foot and ankle pain. When seen, there was right knee tenderness. There was pain with lumbar spine range of motion and over the lumbosacral junction. Norco, Prilosec, and Tizanidine were being prescribed. Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. Therefore this request is not medically necessary.