

Case Number:	CM15-0132709		
Date Assigned:	07/20/2015	Date of Injury:	12/10/2010
Decision Date:	08/20/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/09/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54-year-old female, who sustained an industrial injury on 12/10/10. The injured worker was diagnosed as having limb pain, enthesopathy of the elbow, chronic pain syndrome, fibromyalgia, carpal tunnel syndrome, and numbness. Treatment to date has included acupuncture, physical therapy, a home exercise program, H-wave, and medication. On 6/19/15, pain was rated as 3-4/10 with medication and 8-10/10 without medication. The injured worker had been taking Zanaflex since at least 12/5/14. Currently, the injured worker complains of upper extremity pain. The treating physician requested authorization for Zanaflex 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with pain affecting the cervical spine, fibromyalgia, and carpal tunnel syndrome. The current request is for Zanaflex 4mg, #30. The treating physician states in the report dated 6/22/15, "She also takes tizanidine prn for muscle spasm. Her medications are helpful." (71B) The MTUS guidelines support Zanaflex for low back pain, myofascial pain and for fibromyalgia. In this case, the treating physician has documented that the patient has fibromyalgia and that this medication helps reduce the patient's pain. The current request is medically necessary.