

Case Number:	CM15-0148581		
Date Assigned:	08/11/2015	Date of Injury:	12/14/2010
Decision Date:	09/08/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/30/2015

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: Maryland

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

This injured worker is a 63-year-old male who reported an industrial injury on 12-14-2010. His diagnoses, and or impression, were noted to include: musculoligamentous cervical spine sprain with upper extremity radiculitis; cervical disc bulges; cervical inter-vertebral disc degeneration without myelopathy; cervical spondylosis; cervicgia; myofascial pain and spasm; and status-post cervical fusion (8-1-14). No current imaging studies were noted. His treatments were noted to include: diagnostic imaging studies of the cervical spine (12-2010); a home exercise program; and medication management. The progress notes of 3-30-2015 reported no changes in his chronic, constant and moderate neck pain that radiated into the shoulder, and caused headaches; as well as his frustration toward denials for recommended treatments, and fear he will be unable to return for refills of his medications. Objective findings were noted to include: no acute distress; axial neck pain with referred pain to the shoulders and upper occiput pain with severe bilateral headache, "c/w" facet "dz"; symptoms of bilateral cervical spondylosis with tinnitus. The physician's requests for treatments were noted to include the continuation of Zanaflex at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg 1-2mg by mouth at bedtime #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Muscle relaxants (for pain) Page(s): 66 and 63.

Decision rationale: Zanaflex 4mg 1-2mg by mouth at bedtime #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that the patient has chronic pain rather than an acute exacerbation of pain. The MTUS does not support Zanaflex long term and recommended this for short-term use in acute exacerbations of pain. The request for Zanaflex is not medically necessary.