

Case Number:	CM15-0163658		
Date Assigned:	08/31/2015	Date of Injury:	03/14/2001
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/20/2015

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 62 year old male, who sustained an industrial injury on 3-14-2001. Diagnoses have included thoracic or lumbosacral neuritis or radiculitis unspecified and mononeuritis of unspecified site. Treatment to date has included medication. According to the progress report dated 7-16-2015, the injured worker's condition was unchanged. He complained of "pain 24-7". He reported sleeping six hours per night. He was able to perform tasks on his own. He rated his pain as two to three out of ten with medications and nine out of ten without medications. No physical exam was documented. Authorization was requested for Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #90 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant has a remote history of a work injury occurring in March 2001 and continues to be treated for injuries sustained when he was struck by a large metal valve. In November 2011, he underwent right knee and ankle surgery. When seen, he was having constant pain. Physical examination findings were unchanged with previous examinations documenting erythema and swelling of the foot. Medications referenced include baclofen, oxycodone, Wellbutrin, and tizanidine. 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 or documentation of muscle spasms. Muscle relaxants have been prescribed previously. The claimant does not have spasticity due to an upper motor neuron condition. The quantity prescribed is consistent with long term use of at least 5 months. It is not medically necessary.