

Case Number:	CM15-0164104		
Date Assigned:	09/01/2015	Date of Injury:	01/25/2011
Decision Date:	10/05/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 50 year old male patient, who sustained an industrial injury on 1-25-11. The diagnoses include right shoulder arthrosis, rotator cuff tendinosis, and rupture of the long head of the biceps tendon, right hip avascular necrosis, status post right shoulder subacromial decompression and rotator cuff repair, status post right total hip arthroplasty, strain or sprain of the left hip superimposed on old avascular necrosis and mild osteoarthritis, status post left hip core decompression, and sprain or strain of the lumbar spine with myofascial pain syndrome. Per the doctor's note dated 8/27/15, he had complains of left hip pain and lower back pain with numbness and tingling radiating to bilateral lower extremities and feet. The physical examination revealed tenderness over the lumbosacral spine, paraspinal muscles and left hip in the region of the greater trochanteric bursae, muscle spasm, tenderness over the left hip surgical scar and decreased lumbar spine range of motion. The medications list includes norco and zanaflex. He has had right shoulder MRI on 5/9/2011. He has undergone right shoulder SAD and rotator cuff repair on 12/1/2011, right total hip arthroplasty on 5/10/2012 and left hip core decompression surgery on 6/11/2014. Treatment to date has included physical therapy, a home exercise program, and medication. The treating physician requested authorization for Zanaflex 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants; Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex) page 66.

Decision rationale: Zanaflex 4mg #60. According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia." The patient has chronic left hip pain and lower back pain with numbness and tingling radiating to bilateral lower extremities and feet. The patient has significant objective abnormalities on the musculoskeletal physical examination-tenderness over the lumbosacral spine, paraspinal muscles and left hip in the region of the greater trochanteric bursae, muscle spasm, tenderness over the left hip surgical scar and decreased lumbar spine range of motion. Patient has history of multiple surgeries. Tizanidine is recommended for chronic myofascial pain. The request of Zanaflex 4mg #60 is deemed medically appropriate and necessary for this patient.