

Case Number:	CM15-0166306		
Date Assigned:	09/04/2015	Date of Injury:	02/02/2000
Decision Date:	10/08/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/24/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

The injured worker is a 61 year old male who sustained an industrial injury on 2-2-00. The orthopedic consultation, dated 6-13-15, indicates that the injured worker "experienced increased pain in his right knee while pushing a chair" on 2-2-00. The history revealed that he "first injured his right knee while playing football in school". He underwent arthroscopic surgery on 6-30-83 and had "excellent result with no ongoing physical limitations". Following the 2-2-00 injury, he was evaluated on 2-7-00 and diagnosed with right knee strain, rule out tear. An MRI was completed on 3-13-00, which revealed tiny joint effusion, medial and lateral compartmental degenerative changes, greater involving the lateral compartment, a small amount of abnormal signal present within the posterior horn of the medial meniscus that is believed to represent degenerative signal change - no definite meniscal tears are identified. He underwent arthroscopic surgery to the right knee on 8-23-02. He reported no improvement in symptoms following the surgery. An x-ray was completed on 11-20-02, showing mild degenerative changes. The injured worker's history also includes issues with his left knee, low back, and right shoulder - all of which was documented as to be affected body parts "off the job". The PR-2, dated 6-9-15, indicates that the injured worker presented to the provider office for complaints of ongoing right knee pain. He was scheduled to start physical therapy the following day. The report states "he continues to do well on the current medication regimen", which included Norco, Motrin, Prilosec, Trazadone, Tizanidine, and a TENS unit. The report states that the medication regimen reduced his pain from "8 out of 10" to "4 out of 10". His diagnoses included chronic right knee pain - prior history of two surgeries, most recent in 2000, chronic left knee pain,

bilateral shoulder and low back pain through a different case, and nonindustrial hypertension and diabetes. The treatment plan was to refill his medications, start physical therapy and return to the office in one month. On 7-7-15, he returned to the office for follow-up. His condition was noted to be unchanged. The report states "medication documentation has not changed since the 6-9-15 date". His medications remained the same as the 6-9-15 office visit. There was no change in diagnosis or treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine (Zanaflex), is not medically necessary.