

Case Number:	CM15-0186353		
Date Assigned:	09/28/2015	Date of Injury:	02/09/2010
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/22/2015

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

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 57-year-old male, who sustained an industrial injury on February 9, 2010, incurring neck and left shoulder injuries. He complained of pain in the neck and shoulder area. He was diagnosed with cervical degenerative joint disease, brachial plexus lesions, neuralgia, neuritis and radiculitis. Treatment included physical therapy, pain medications, neuropathic medications, anti-depressants, topical analgesic patches, muscle relaxants and activity restrictions. He discontinued physical therapy secondary to increased pain in his neck and shoulder. Currently, the injured worker complained of persistent pain of the neck radiating into the left shoulder. He noted difficulty lifting objects, loss of strength and limited range of motion. He rated his pain level 6 out of 10 on a pain level of 1 to 10. He was certified to be temporarily totally disabled. The treatment plan that was requested for authorization on September 22, 2015, included a prescription for Zanaflex 4 mg, #30. On August 26, 2015, a request for a prescription for Zanaflex was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg Tabs 1 QHS #30: 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: The 57 year old patient presents with brachial plexus lesions; neuralgia, neuritis and radiculitis; and chronic pain, as per progress report dated 08/03/15. The request is for Zanaflex 4mg Tabs 1 QHS #30. The RFA for the case is dated 08/06/15, and the patient's date of injury is 02/09/10. Medications, as per progress report dated 08/03/15, included Zanaflex and Neurontin. Medications, as per progress report dated 06/17/15, included Gabapentin, Flector patch, and Prozac. Diagnoses, as per progress report dated 02/17/15, included cervical degenerative joint disease, cervical stenosis, shoulder rotator cuff syndrome, brachial plexus lesions, and neuralgia, neuritis and radiculitis. The patient is temporarily totally disabled, as per progress report 06/17/15. MTUS Guidelines, Muscle Relaxants (for pain) Section, pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state, "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, Zanaflex was initiated during the 05/01/15 visit. As per progress report dated 08/03/15, current medications are "helping pain and function." The treater, however, does not discuss the specific impact of Tizanidine on patient's pain and his ability to perform activities of daily living, as required by MTUS page 60 for all pain medications. Most muscle relaxants are approved for short-term use but Zanaflex can be used for extended period of time. Nonetheless, given the lack of documentation regarding efficacy, this request is not medically necessary.