MAXIMUS Federal Services

Case Number:	CM15-0194851		
Date Assigned:	10/08/2015	Date of Injury:	07/15/2010
Decision Date:	11/19/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/05/2015

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: Emergency 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 44-year-old female, with a reported date of injury of 07-15-2010. The diagnoses include cervical radiculitis, cervical spondylosis, cervical facet arthropathy, lumbar facet arthropathy, lumbar spine radiculopathy, and lumbosacral sprain and strain. Treatments and evaluation to date have included Gabapentin, Meloxicam, Zanaflex (since at least 05-2015), Oxycodone, Hydrocodone, chiropractic treatment, medial branch nerve radiofrequency ablation on 06-30-2015, radiofrequency ablation of lumbar facet medial branch nerves procedures, and chiropractic treatment. The diagnostic studies to date have included an MRI of the cervical spine on 12-26-2013 which showed left paracentral disc osteophyte at C5-6, posterior disc osteophyte at C6-7, and new moderate C6-7 degenerative disc narrowing; an MRI of the lumbar spine on 05-06-2014 which showed bilateral facet osteoarthritis at L5-S1 associated with facet effusions and perivesical gained weight and multilevel degenerative disease without any visible annular fissure; and a urine drug screen on 06-25-2015 with inconsistent findings. The progress report dated 09-03-2015 indicates that the injured worker has completed radiofrequency ablation of the cervical and lumbar spine with better than 80% pain relief. The injured worker rated her neck and back pain 6 out of 10 at its worst and the current pain rating was 7 out of 10. She described her pain as aching, constant, intense, sore, tight, and severe. The physical examination showed normal curvature of the cervical spine; non-tenderness of the cervical spine; palpable twitch positive trigger points in the muscles of the head and neck; anterior cervical flexion at 40 degrees; pain when the neck is flexed anteriorly; extension of the cervical spine at 15 degrees; pain with extension of the cervical spine; left lateral rotation of the cervical spine at 60 degrees;

painful left lateral rotation of cervical spine; right lateral rotation of the cervical spine at 60 degrees; painful right lateral rotation of the cervical spine; no pain with palpation of the lumbar facet, lumbar intervertebral spaces, or bilateral sacroiliac joint; and no palpable trigger points in the muscles of the lumbar spine. The request for authorization was dated 09-08-2015. The treating physician requested Zanaflex 4mg #120 (prescribed on 09-03-2015). On 09-15-2015, Utilization Review (UR) non-certified the request for Zanaflex 4mg #120 (prescribed on 09-03-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #120 prescribed 9/3/15: Upheld

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

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

Decision rationale: Zanaflex (Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short term use and for flare ups only. The number of tablets requested is not appropriate or consistent with short term use. Patient has been on this medication for at least several months. Chronic use is not recommended. Tizanidine is not medically necessary.