MAXIMUS Federal Services

Case Number:	CM15-0020442		
Date Assigned:	02/10/2015	Date of Injury:	08/02/2012
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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: Georgia, California, Texas
Certification(s)/Specialty: Preventive Medicine, Occupational 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 57 year old female, who sustained an industrial injury on August 2, 2012. She has reported pain in the neck, upper, mid and lower back, bilateral upper extremities with tingling and numbness into the hands, insomnia and right knee and right ankle pain. The diagnoses have included lumbar disc displacement without myelopathy, sacroilitis, thoracalgia, wrist tenosynovitis bilaterally cervicalgia, shoulder impingement, probable post traumatic insomnia, post traumatic anxiety and depression and post traumatic constipation. Treatment to date has included radiographic imaging, diagnostic studies, acupuncture therapy, physical therapy, conservative therapies, pain medications and work duty modifications. Currently, the IW complains of pain in the neck, upper, mid and lower back, bilateral upper extremities with tingling and numbness into the hands, insomnia and right knee and right ankle pain. The injured worker reported an industrial injury in 2012, resulting in the above described pain. On September 22, 2014, evaluation revealed continued pan. Acupuncture was ordered. On October 7, 2014, evaluation revealed continued severe, chronic pain and insomnia. She asked for trigger point injection and was administered trigger point injections in four locations. On November 18, 2011, evaluation revealed continued severe pain. Manual therapy was requested and medications were renewed. On 12/23/14 medications (including both oral and topical forms of the muscle relaxant cyclobenzaprine) were renewed, and a new prescription for Zanaflex (tizanidine) was added. On January 15, 2015, Utilization Review non-certified a request for Zanaflex 4mg at bedtime #90, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 3, 2015, the injured worker submitted an application for IMR for review of requested Zanaflex 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg at bedtime #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Tizanidine (Zanaflex) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain): ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 63 and 66 of 127.

Decision rationale: MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not recommend chronic administration of muscle relaxants. Treating physician has prescribed a 3 month supply of Zanaflex, which is inconsistent with MTUS recommendations. Also, no rationale is documented which would support concurrent use of both cyclobenzaprine and Zanaflex. Medical necessity is not established for the requested Zanaflex.