

Case Number:	CM15-0220340		
Date Assigned:	11/16/2015	Date of Injury:	04/22/2013
Decision Date:	12/30/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/10/2015

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 49 year old female patient, who sustained an industrial injury on 4-22-13. The diagnoses include low back pain; chronic wrist pain. Per the doctor's note dated 10/14/15, she had ongoing thoracic, low back and bilateral wrist pain. Per the PR-2 notes dated 8-19-15, she had low back pain as well as bilateral wrist pain. She reported paresthesias down the lower extremities. She was last seen in this office on 7-22-15 and at the time, the provider notes she was doing well with medications. Since that visit, she reports she has completely tapered off the Elavil. The provider noted a denial of Zanaflex and she reported the Zanaflex was helping her with some of the spasms at night and would also allow her to sleep. Physical exam revealed wearing a right wrist splint. Her medications on 8/19/15 are listed as Norco 10-325mg 5 a day; Elavil 25mg 1-2 at night (tapered off); Gralise 1800mg a night and Zanaflex 4mg 1-2 a day. She had lumbar spine MRI dated 7/23/13; right wrist MRI dated 11/21/13; EMG/NCS right arm dated 3/4/14 with normal findings; EMG-NCV study lower extremities dated 6-18-15 which revealed generalized sensory motor peripheral neuropathy. She has undergone a right arthroscopic triangular fibrocartilage complex debridement of the tear with extra-articular ulnar shortening procedure osteotomy on 12-16-14. She had physical therapy visits for this injury. The treatment plan is for a refill of medication Norco; he will hold off on Zanaflex until he gets the suggested by Utilization Review liver and kidney function studies. He gave her samples of "Silenor 3mg #30 for a 1 month supply".

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60: Overturned

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: Request: Zanaflex 4 mg #60. Antispasticity/antispasmodic drugs: Tizanidine (Zanaflex) page 66. 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." The patient has chronic thoracic, low back and bilateral wrist pain. She reported the Zanaflex was helping her with some of the spasms at night and would also allow her to sleep. Tizanidine is recommended for chronic myofascial pain. The request of Zanaflex 4 mg #60 is medically necessary and appropriate for this patient.