

Case Number:	CM15-0030717		
Date Assigned:	02/24/2015	Date of Injury:	09/04/1999
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/19/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old female, who sustained an industrial injury on September 4, 1999. The injured worker has reported neck pain and back injury. The diagnoses have included chronic pain, lumbar radiculopathy, status post cervical fusion and status post lumbar fusion. Treatment to date has included medications, electrodiagnostic studies; MRI of the cervical spine, cervical x-rays and cervical and lumbar spine surgery. Current documentation dated January 13, 2015 notes that the injured worker complained of continued neck pain radiating upward and into both arms, worse on the left side. Physical examination of the cervical spine revealed spasms, crepitus with motion and painful symptoms with motion. The injured worker is scheduled for upcoming cervical surgery due to a worsening condition including worsening pain. On January 21, 2015 Utilization Review non-certified a request for Zanaflex 4 mg # 60 with 2 refills. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Tizanidine (Zanaflex, generic available) & Muscle relaxants (for pain)- Page(s): 66 & 63.

Decision rationale: Zanaflex 4 mg # 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that the patient has chronic pain rather than acute and has been on Zanaflex long term. There is no evidence of functional improvement on prior Tizanidine therefore the request for Zanaflex 4mg # 60 is not medically necessary.