

Case Number:	CM15-0046803		
Date Assigned:	03/16/2015	Date of Injury:	03/08/2007
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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 64 year old male, who sustained an industrial injury on 3/08/2007. Diagnoses include spinal/lumbar degenerative disc disease and low back pain. Treatment to date has included diagnostics, medications, trigger point injections, epidural injections, medial branch block, TENS unit, ice, heat, and stretching exercises. He underwent left shoulder arthroscopy and open left rotator cuff repair on 2/02/2009. He underwent right shoulder arthroscopy and open rotator cuff repair and decompression on 8/24/2007. Per the Primary Treating Physician's Progress Report dated 3/10/2015, the injured worker reported neck pain and bilateral shoulder pain. His pain is rated as 2/10 with medications and 5/10 without medications. Physical examination revealed restricted range of motion of the lumbar spine with upon flexion, extension and lateral rotation to the right. There was tenderness to palpation of the paravertebral muscles on the left. Lumbar facet loading is positive on the left side. Left shoulder examination revealed restricted movements with flexion. There was tenderness is noted along the biceps groove. His disability status is permanent and stationary. The plan of care included TENS unit, application of heat and stretching exercises, walking and refill of medications and authorization was requested for Zanaflex 2mg #30 and Celebrex 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants medications for chronic pain Page(s): 63-66, 60.

Decision rationale: The patient presents with neck and bilateral shoulder pain, rated 2/10 with medication and 5/10 without. The request is for Zanaflex 2 MG #30. Patient is status post right shoulder surgery 09/27/07 and left shoulder surgery 02/02/09. Patient's treatments have included medications, lumbar ESIs, Medial Branch Block, TENS unit, trigger point injections, home based exercise and ice/heat. Per 02/10/15 progress report, patient's diagnosis include spinal/lumbar DDD, and low back pain. Patient's medications, per 01/13/14 progress report include Tylenol-Codeine, Lidoderm 5% patch, Zanaflex, Celebrex, and Lyrica. Patient is permanent and stationary. MTUS Guidelines 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." MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The treater does not discuss this request. The patient has been prescribed Zanaflex from 09/23/14 and 03/10/15. The treater does not specifically document an improvement in pain or function due to Zanaflex. The MTUS Guidelines, page 60 require documentation of the medication efficacy when used for chronic pain. Given the lack of documentation, as required by MTUS, the request IS NOT medically necessary.