

Case Number:	CM15-0052084		
Date Assigned:	03/25/2015	Date of Injury:	02/07/2007
Decision Date:	05/11/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/19/2015

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: 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 53 year old male, who sustained an industrial injury on 02/07/2007. Treatment to date has included medications, MRI of the right shoulder and cognitive behavioral therapy. According to a progress report dated 02/11/2015, the injured worker continued to have carpal tunnel pain more on the right than the left hand. Medication regimen included Zanaflex 2mg one at bedtime, Zanaflex 4mg three times a day, Hydrochlorothiazide, Thera-gesic Analgesic cream, Remeron, Topamax, Hydrocodone and Metoprolol. Diagnoses included cervicalgia, postlaminectomy syndrome of cervical region, spasm of muscle, brachial neuritis or radiculitis not otherwise specified and migraine without aura and with intractable migraine so stated without mention of status migrainosus. Prescriptions were given for Zanaflex, Topamax, Norco, Remeron and Lidoderm patch. According to documentation submitted for review, the injured worker has been utilizing Zanaflex since August 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex, Muscle Relaxants (for pain) Page(s): 63-64, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Antispasticity/Antispasmodic Drugs Page(s): 63-66.

Decision rationale: This patient has a date of injury of 02/07/07 and presents with carpal tunnel pain in the bilateral hands. The patient also complains of intermittent neck pain, right shoulder pain and bilateral arm pain. The current request is for Zanaflex 4MG #30. The MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, page 66: "antispasticity/antispasmodic drugs: 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. 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 been utilizing Zanaflex since at least 08/21/14. The Utilization review denied the request stating that Zanaflex is recommended for short term use only. As stated by MTUS guidelines, Zanaflex is allowed for myofascial pain, low back pain and fibromyalgia conditions. The treating physician has continually documented a decrease in pain level with the use of medications including Zanaflex and the patient reports that medications are "working well." In this case, the treating physician has provided adequate documentation of medication efficacy and Zanaflex had been prescribed in accordance with MTUS guidelines. This request IS medically necessary.