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| Case Number: | CM15-0058215 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 03/01/2011 |
| Decision Date: | 06/11/2015 | UR Denial Date: | 02/27/2015 |
| Priority: | Standard | Application Received: | 03/26/2015 |

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: 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 48 year old male who sustained an industrial injury on 03/01/11. Initial complaints and diagnoses are not available. Treatments to date include medications, home exercise program, steroid injection into the left elbow and cervical fusion. Diagnostic studies are not addressed. Current complaints include right shoulder pain, tightness into the neck, and left elbow pain. Current diagnoses include acute myofascial spasms for cervical paraspinal musculature right side, cervical herniated disc disease with associated postsurgical syndrome, residual left arm radiculitis, and cervical thoracic myofascial pain. In a progress note dated 02/12/15 the treating provider reported the plan of care as continued medications including tramadol, Zanaflex, gabapentin, Ultram, Tramadol; and continued home exercise program and H-wave and repeat steroid Injection into the left elbow. The requested treatment is Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-6.

Decision rationale: Tizanidine (Zanaflex) is a central-acting sedating muscle relaxant used to relax spastic muscles and relieve pain caused by strains, sprains, and other musculoskeletal conditions. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility but, as a group, are recommended for short-term use only, as their efficacy appears to diminish over time. In fact, this patient started out taking this medication at 2 mg twice per day 6 months ago and now is taking 4 mg three times per day. The MTUS recommends use of tizanidine for muscle spasms and/or pain relief associated with chronic low back pain and pain relief from myofascial pain syndrome. It also notes that muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on muscle relaxant therapy for over 6 months. There is specific documentation that this medication has added to the patient's present level of function. Considering all the above information medical necessity for continued use of tizanidine has been established. Therefore, the requested treatment is medically necessary.