

Case Number:	CM15-0084651		
Date Assigned:	05/06/2015	Date of Injury:	07/31/2011
Decision Date:	06/05/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/04/2015

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: Arizona, 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:

The injured worker is a 55 year old female, who sustained an industrial injury on 07/31/2011. She reported left wrist pain and swelling to the left long finger and knuckle that developed with daily work activities. The injured worker was diagnosed as having status post left shoulder arthroscopy with superior labrum anterior and posterior repair, left wrist ulnar abutment syndrome, cervical spine sprain, dizziness, and stress. Treatment to date has included above listed procedure, physical therapy, subacromial steroid injection, magnetic resonance imaging of the cervical spine, home exercise program, and medication regimen. In a progress note dated 04/06/2015 the treating physician reports complaints of continued pain to the left wrist along with associated symptoms of weakness and dizziness. The treating physician also noted a decrease in the range of motion of the left wrist, tenderness to the ulnar region of the left wrist, and diminished grip strength. The treating physician requested the medication of Zanaflex 4mg with a quantity 60 with 3 refills, but the documentation provided did not indicate the specific reason for this requested medication, however the documentation from 12/01/2014 noted prior prescription of Zanaflex for treatment of muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Zanaflex 4 mg with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64.

Decision rationale: According to the MTUS guidelines, Zanaflex 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. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant was prescribed 4 months of Zanaflex. Indication for its use was not specified. The claimant had been on Motrin (NSAID). Long-term use (several months) is not recommended and is not medically necessary.