

<b>Case Number:</b>	CM14-0119887		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/08/2004
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 54 year old male with a reported date of injury on October 08, 2004. The mechanism of injury is described as his right hand becoming jammed in a machine and was stuck there for more than an hour. The injured worker felt dizzy, pain, numb, and a variety of emotions while his hand was stuck in the machine. The subsequent diagnosis was a crush injury to the hand requiring extensive inpatient surgical treatment. February of 2005 the injured worker underwent a surgical amputation of the ring finger due to continuing problems and complaints associated with the affected hand. The injured worker underwent another surgery in 2008 and has not worked since April 2006 due to continued complaints of cramping of the right hand. The injured worker treated with a psychiatrist in June of 2006 and was diagnosed with Adjustment Disorder with Mixed Features, Sleep Disorder, Sexual dysfunction (inhibited ejaculation) and Pain Disorder associated with psychological factors and general medical condition. Unemployment, lowered self esteem, sadness, and body disfigurement was also listed as a diagnosis on the Axis IV. Zanaflex 4 mg (muscle relaxer) was denied on a prior utilization review on the basis that it exceeded guideline recommendation since it had been prescribed since November 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 53.

**Decision rationale:** According to the CA MTUS guidelines, Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. According to the CA MTUS guidelines, Tizanidine "Zanaflex" is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. In this case, there is no evidence of spasticity. There is no evidence of substantial spasm unresponsive to first line therapy. Therefore, the request is not medically necessary according to the guidelines.