

<b>Case Number:</b>	CM14-0131399		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	09/16/1991
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 & Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 46-year-old male was reportedly injured on 9/16/1991. The mechanism of injury was not listed. The most recent progress notes, dated 5/29/2014 and 7/10/2014, indicated that there were ongoing complaints of left foot and ankle pains. Physical examination demonstrated antalgic gait noted on the left with tenderness to the left ankle, left dorsiflexion/plantar flexion 10 degrees and inversion/eversion 10 degrees. Strength was 4+/5 in left ankle inversion and eversion. No recent diagnostic imaging studies were available for review. Diagnoses: Degenerative joint disease, tendinitis and cyst of the left ankle, myofascial pain and reflux. Previous treatment included left ankle arthrotomy and synovectomy on 10/11/2007, TENS unit and medications. A request had been made for Tizanidine 4 mg #30 with #3 refills, bilateral custom fit shoe inserts, and 1 Theraband with high resistance home exercises, which were not certified in the utilization review on 7/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tizanidine 4mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); regarding Tizanidine (Zanaflex); muscle relaxant (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66 OF 127.

**Decision rationale:** Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment. It appears that this medication is being used on a long-term basis, which is not supported by the MTUS treatment guidelines. This medication is not medically necessary.

**1 bilateral custom fit shoe inserts for left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): page 371.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Ankle & Foot (Acute & Chronic) - Orthotic Devices: (updated 7/29/2014).

**Decision rationale:** MTUS/ACOEM Practice Guidelines does not custom orthotics. ODG supports orthotics for PES plans, leg length discrepancies, plantar fasciitis and foot pain in rheumatoid arthritis. Review, of the available medical records, fails to document diagnosis or guideline criteria for custom orthotics. As such, this request is not medically necessary.

**1 thera band with hig resistance (green or black):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Ankle & Foot (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: [www.ncbi.nlm.nih.gov/pubmed](http://www.ncbi.nlm.nih.gov/pubmed): J Sport Rehabilitation. 2007 May; 16(2):75-84. "A comparison of two Thera-Band training rehabilitation protocols on postural control."

**Decision rationale:** MTUS, ACOEM and the ODG do not address Thera-Band. A search of Pub/Med Library fails to document a consensus that Thera-Band (TB) exercises result in increased ankle strength after rehabilitation. Review of the available medical records reveals right ankle weakness 7 years after surgery and no physical therapy notes available for review. This request is not medically necessary.