

Case Number:	CM14-0131961		
Date Assigned:	08/22/2014	Date of Injury:	01/13/2010
Decision Date:	09/25/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	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 Occupational Medicine 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:

According to the submitted medical records, this patient is 58 year old woman who was injured on 1/13/10. She originally injured her knee and had ACL reconstruction. She also had problems with ongoing neck and thoracic pain. She has had MRIs of the neck and is status post cervical fusion March 2012. She also had EMG of bilateral upper extremities that showed a chronic left C5 radiculopathy and mild right carpal tunnel syndrome. There is a progress report of 7/15/14, Pain Management that mentions that breast cancer limits her activity. The current medications reportedly alleviate the neck thoracic and low back pain. Pain was reportedly 8/10 without medications and 4/10 with medications. She can do activities of daily living. Current medications are Percocet, Relafen, Cymbalta, Zanaflex and baclofen. Physical examination was described as no objective change. 6/17/14 Pain Management report indicated that the patient uses Zanaflex at bedtime because it makes her dizzy and baclofen during the day. There is a 2/6/14 Pain Management report indicates patient is currently using the baclofen and the tizanidine at that time. There are reports from the pain management physician on a monthly basis between 2/6/14 and the 7/15/14 report, all state patient is using the tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for zanaflex 4mg #60 (DOS 7/15/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 66.

Decision rationale: Tizanidine is a sedating muscle relaxant which MTUS chronic pain guidelines state is FDA approved for management of spasticity and unlabeled use for low back pain. Regarding muscle relaxants in general, they are recommended with caution as 2nd line option for short term treatment of acute exacerbations in patients with chronic low back pain. There is no mention of any spasticity subjectively or objectively; and use has been chronic. There is no documentation of an acute exacerbation of the patient's low back pain. Thus, given the evidence and guidelines, this is not considered be medically necessary.