MAXIMUS Federal Services

Case Number:	CM14-0160761		
Date Assigned:	10/06/2014	Date of Injury:	01/05/2010
Decision Date:	11/06/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/30/2014

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 Internal Medicine and is licensed to practice in California and Illinois. 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 57-year-old male who reported an injury on 01/05/2010 due to a 500-pound barrel of waste ink that fell on him at work causing loss of consciousness and then waking up in the hospital. The injured worker complained of left shoulder, left knee and lower back pain. The injured worker had diagnoses of lumbar disc syndrome, lumbar radiculopathy, lumbar spondylolisthesis, cervical cranial syndrome, cervical disc syndrome, right shoulder impingement, and neck sprain. Past treatments include medication. The medications included Tramadol 50 mg, Zanaflex 4 mg, Omeprazole 20 mg, and Motrin 600 mg. The injured worker rated his pain 5/10 with medication and 8/10 without medication using a VAS (visual analog scale). The physical examination dated 08/26/2014 revealed the injured worker was awake, alert and sitting appropriately. There was no evidence of medication-induced somnolence. Physical examination deferred to surgeons and pending upcoming surgery of left shoulder, left knee, and low back. The request for authorization dated 08/26/2014 was submitted with documentation. The rationale for the Zanaflex was changing medication that was a more appropriate medication for his chronic myofascial pain.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics. 12th Edition, McGraw Hill, 2010

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

Decision rationale: The request for Zanaflex 4mg #90 is not medically necessary. The California MTUS Guidelines recommend Tizanidine (Zanaflex) as a non-sedating muscle relaxant with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines indicate that Zanaflex is a non-sedating muscle relaxant and it should be used for acute exacerbations. The clinical notes indicated that the injured worker is taking the Zanaflex twice daily routinely and stated that the he has had an increase in muscle spasms since changing his medication from Flexeril to Zanaflex, indicating that the Zanaflex does not have an efficacy for the injured worker. The clinical notes also indicated that the medication was going to be increased from two to three times daily. The guidelines indicate that the medication is to be used for exacerbations of muscle spasms for short-term treatment. The clinical notes did not provide a physical assessment of the injured worker. The request did not indicate a frequency. As such, the request is not medically necessary.