

Case Number:	CM14-0176040		
Date Assigned:	10/29/2014	Date of Injury:	08/17/2010
Decision Date:	12/05/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/23/2014

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:

This is a 52-year-old female with a 9/14/10 date of injury. The patient was seen on 9/16/14 with complaints of pain in the cervical spine radiating into the right upper extremity. The patient reported numbness and tingling with activities of daily living and that the pain waked the patient up at night. Exam findings of the cervical spine revealed muscle guarding and spasm, right greater than left. The Spurling's maneuver was positive at C5-C6 and cervical spine range of motion was decreased. The patient has been noted to be on Zanaflex and Anaprox and the patient's pain was rated 7/10 without medications and 4/10 with medications. The duration of the patient's pain lasted 10 hours. The diagnosis is cervical, trapezial and lumbar sprain/strain; cervicalgia and cervical radiculopathy. Treatment to date: work restrictions, physical therapy, chiropractic treatment, muscle relaxants and medications. An adverse determination was received on 10/6/14 for a lack of improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tizanidine HCL 2mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Zanaflex (Tizanidine) is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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. However the notes indicated that the patient was utilizing Zanaflex at least from 6/19/14, there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, on the physical examination dated 9/16/14 the patient complained of muscle spasm and guarding and it is not clear if the use of muscle relaxant improved the patient symptoms. Lastly, the Guidelines do not support long-term use of muscle relaxant and there is no rationale with regards to the necessity for extended treatment with Zanaflex for the patient. Therefore, the request for 120 Tizanidine HCL 2mg is not medically necessary.