

Case Number:	CM14-0195139		
Date Assigned:	12/02/2014	Date of Injury:	06/09/2008
Decision Date:	01/20/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in Pain 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 case involves an injured worker with a date of injury of June 9, 2008. A utilization review determination dated November 12, 2014 recommends non-certification of Zanaflex. A report dated October 30, 2014, identifies subjective complaints of upper extremity pain. The note indicates that with her medication her pain is 4/10 which allows her to function doing light tasks for 30 to 40 minutes and without medication the pain is 9-10/10 she would be nonfunctional. There are no aberrant behaviors and no adverse reactions noted. Medications include Norco, ibuprofen, gabapentin, Zanaflex, Effexor, Lidoderm patches, and Pennsaid. Objective examination findings reveal limited range of motion with right arm pronation and supination, focal tender points in the flexor and extensor compartment of the right forearm, and tenderness in the anterior lateral and superior aspects of the right shoulder. Diagnoses include right carpal tunnel syndrome status/post-operative fixation, neck pain, right shoulder pain, right wrist pain, lumbar discectomy, and peripheral neuropathy. The treatment plan recommends continuing Norco, ibuprofen, tizanidine, and gabapentin. Electrodiagnostic studies will be requested, and occupational therapy is also requested. A progress note dated October 2, 2014 indicates that the patient was taking Zanaflex at that time. A progress report dated July 17, 2014 indicates that the patient was taking Zanaflex at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 (Retro DOS: 10/30/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is Food and Drug Administration (FDA) approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend liver function test (LFT) monitoring at baseline 1, 3, and 6 months. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine (Zanaflex) is not medically necessary.