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| Case Number: | CM15-0001390 | | |
| Date Assigned: | 01/12/2015 | Date of Injury: | 10/14/2013 |
| Decision Date: | 03/05/2015 | UR Denial Date: | 12/19/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 claimant has a history of a work injury occurring on 10/14/13 where she sustained a left shoulder fracture after tripping. On 07/16/14 medications included meloxicam. On 09/04/14 she was having ongoing left shoulder pain with decreased range of motion. She was having ongoing left wrist pain. Physical examination findings included shoulder crepitus with positive impingement and cross arm testing. There was left wrist tenderness with decreased range of motion. On 10/23/14 physical examination findings appear unchanged. Ultram and Zanaflex were prescribed. On 12/04/14 a surgery evaluation was pending. Medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (Tizanidine). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chronic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): 63-66.

Decision rationale: Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for pain. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis and there is no identified acute exacerbation or new injury. The requesting provider does not document any muscle spasms. It is therefore not medically necessary.