

Case Number:	CM15-0010048		
Date Assigned:	01/27/2015	Date of Injury:	01/23/1998
Decision Date:	03/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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: California
 Certification(s)/Specialty: Family Practice

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 56-year-old female, who reported an industrial injury dated 01/23/1998. The diagnoses have included chronic bilateral shoulder pain, impingement syndrome; chronic neck pain; and bilateral carpal tunnel syndrome. Treatment to date has included two neck surgeries, bilateral carpal tunnel releases, multiple shoulder injections, and medications. Medications have included Norco, Prilosec, Cymbalta, Zanaflex, and Ambien. The most recent available progress note from the treating physician, dated 11/20/2014, documented a follow-up visit. The patient reported ongoing bilateral upper extremity pain; increased pain to the shoulders with cold weather; and that she continues to do well on the current medication regimen. Objective findings were documented as no significant change. The treatment plan consisted of medications including tizanidine for myofascial arm pain; request for bilateral shoulder Kenalog injections; and follow-up evaluation in 3 months. Work status is listed as "on future medical benefits." There are three other progress notes in the available records, dated from 1/13/14 to 8/28/14. All note that the patient has ongoing pain. All document that she is taking a muscle relaxant, originally Flexeril (cyclobenzaprine), followed by tizanidine (Zanaflex). One note states that the patient is "quite functional, quite active." Another note states that she walks one mile per day, and that her medications allow her to exercise, cook, clean, and care for herself and her household. Physical exam is documented as either "no significant change" or is limited to noting that she has full shoulder range of motion, with pain on the left. Work status is always "on future medical benefits." On 12/17/2014 Utilization Review noncertified a prescription for Zanaflex. The CA MTUS Guidelines were cited on 01/16/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, page 60; Muscle relaxants, pages 63-66 Page(s): 60, 63-66. Decision based on Non-MTUS Citation UptoDate, on online, evidence-based review service for clinicians (www.uptodate.com), Tizanidine: drug information

Decision rationale: Zanaflex is brand-name tizanidine, which is a centrally acting muscle relaxant. Per the first reference cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. Per the second reference, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain patients, they show no benefit. There is no additional benefit if they are used in combination with NSAIDs. Efficacy appears to diminish over time. Tizanidine is a centrally acting antispasmodic drug. Its side effects include somnolence, dizziness, and dry mouth. According to the UptoDate reference, Zanaflex occasionally causes liver toxicity, and liver functions should be monitored prior to and during use. It may be sedating, particularly in combination with other sedating medications such as Norco and Ambien. The clinical documentation does not support the use of Zanaflex in this case. It (or another sedating muscle relaxant) has been in use for at least a year, without producing any functional improvement in this patient. Although some of the provider's notes document that the patient is very active, it is not clear how active she was before starting muscle relaxants. She does not appear to have a sufficient increase in functional level to return to work. In this case, Zanaflex is being combined with Norco and Ambien, and it is possible that Zanaflex is actually interfering with the patient's motivation and ability to return to work. The provider has not documented any acute muscle spasm of the back that would require even short-term use of a muscle relaxant. The provider has also not documented any testing for liver toxicity with this drug, which should have occurred. Based on the MTUS and UptoDate citations above and on the clinical records provided for my review, Zanaflex is not medically necessary. It is not medically necessary because it is centrally acting and therefore not recommended, because it has been provided for a far longer period than the short-term use recommended for muscle relaxants, because appropriate testing for liver toxicity has not been performed, and because it has produced no functional recovery in this patient and may actually be contributing to her disability.