MAXIMUS Federal Services

Case Number:	CM15-0015404		
Date Assigned:	02/03/2015	Date of Injury:	04/21/2003
Decision Date:	03/26/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old male, who sustained an industrial injury on April 21, 2003. The diagnoses have included post traumatic headaches, post traumatic right bicipital tenosynovitis, post traumatic right forearm flexor and extensor tendinitis with dynamic ulnar neuritis and complaints of anxiety, stress and depression deferred. Currently, the injured worker complains of head and neck pain that symptoms are increased with lifting, posturing and repetitive motion of the neck and head. In a progress note dated December 24, 2014, the treating provider reports tenderness with palpation to the cervical spine with muscle spasm over the paravertebral musculature and trapezius muscle, Spurling's maneuver is positive eliciting radicular symptoms in the right upper extremity along the C6 and C7 nerve distribution, decreased range of motion decreased sensation in the right upper extremity along the C6 and C7 dermatomes.On January 9, 2014 Utilization Review non-certified a Zanaflex 40mg quantity 90, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #90: 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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The injured worker sustained a work related injury on April 21, 2003. The medical records provided indicate the diagnosis of post traumatic headaches, post traumatic right bicipital tenosynovitis, post traumatic right forearm flexor and extensor tendinitis with dynamic ulnar neuritis and complaints of anxiety, stress and depression. Treatment has included Motrin, Neurontin, Zanaflex.The medical records provided for review do not indicate a medical necessity for Zanaflex 4 mg #90.Like all muscle relaxants,Tizanidine (Zanaflex) is recommended as an option for short-term treatment of acute exacerbation of low back pain. Due to the potential risk for Hepatotoxicity, the MTUS recommends that liver function tests be monitored at baseline, 1, 3, and 6 months). The dosing is 4 mg initial dose; gradually increase by 2 - 4 mg every 6 - 8 hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day. The record indicate the injured worker has used this medication for at least one year, but with no apparent benefit.