

Case Number:	CM15-0110600		
Date Assigned:	06/17/2015	Date of Injury:	10/24/2013
Decision Date:	07/15/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/08/2015

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:

This is a 50 year old female with an October 24, 2013 date of injury. A progress note dated April 29, 2015 documents subjective findings (lower back pain, right knee pain), objective findings (no acute distress today; does not have a noticeable limp today), and current diagnoses (chronic lower back pain; right shoulder pain; bilateral hand pain; chronic bilateral knee pain; right sided neck pain; depression and anxiety due to chronic pain; bilateral trochanteric bursitis). Treatments to date have included acupuncture that decreased some of the pain right away, medications, magnetic resonance imaging of the lumbar spine on May 13, 2014 that showed disk bulges, multilevel mild to moderate bilateral foraminal stenosis, and facet hypertrophy, magnetic resonance imaging of the right shoulder on May 9, 2014 that showed fluid in the bursa and acromion process impingement, electromyogram/nerve conduction velocity studies of the bilateral upper extremities in July 30, 2014 that showed negative findings, magnetic resonance imaging of the right wrist in August 11, 2014 that showed findings consistent with tenosynovitis flexor carpi radialis, magnetic resonance imaging of the cervical spine on May 7, 2014 that showed degenerative disc changes, moderate spinal stenosis, and osteophytes, and magnetic resonance imaging of the right knee on May 12, 2014 that showed possible loosening of the femoral screw from a previous knee surgery. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included a prescription for Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg Qty 60 (retrospective DOS 4/29/15/): 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 claimant sustained a work injury in October 2013 and is being treated for low back and right knee pain. When seen, she was working full-time. There had been benefit after and acupuncture treatment. Physical examination findings included a noticeable limp. Zanaflex was being prescribed on a long-term basis. 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 low back pain. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis with unknown effectiveness in treating muscle spasms. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.