

Case Number:	CM15-0149191		
Date Assigned:	09/03/2015	Date of Injury:	06/30/2009
Decision Date:	10/06/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/31/2015

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 injured worker is a 35-year-old female who sustained a work related injury June 30, 2009. Past history included hypertension. An MRI of the cervical spine, performed March 16, 2012 (report present in the medical record) revealed a C4-C5 1 mm central disc protrusion indenting the thecal sac without impingement on the spinal cord; C5-C6 1 mm diffuse disc protrusion abutting the thecal sack; straightening of the cervical lordosis, consistent with muscle spasm. According to a primary treating physician's progress report, dated June 29, 2015, the injured worker presented with frequent mild to moderate cervical trapezial pain with weakness rated 4-6 out of 10. She reports a 20% improvement in function with the right upper extremity with treatment, and sensitivity is decreased significantly. Objective findings included tenderness and sensitivity over the right side of the cervical spine, supraspinatus tendon and throughout the right upper extremity with slight guarding. Diagnoses are cervical-trapezial musculoligamentous sprain, strain with right upper extremity radiculitis; right thoracic outlet syndrome; right upper extremity complex regional pain syndrome; right wrist tendinitis. At issue, is the request for authorization for Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

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

Decision rationale: The claimant has a remote history of a work-related injury in June 2009 and is being treated for chronic neck and right upper extremity pain including a diagnoses of radiculitis, thoracic outlet syndrome, CRPS, right wrist tendinitis, and myofascial pain. An MRI of the cervical spine in March 2012 was negative for cervical spinal stenosis. When seen, there was tenderness with sensitivity over the right side of the cervical spine, supraspinatus, and throughout the right upper extremity with right upper extremity guarding. There had been a 20% improvement in function. Zanaflex was refilled and was being prescribed on a long-term basis. Zanaflex (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. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.