

Case Number:	CM15-0160172		
Date Assigned:	10/16/2015	Date of Injury:	10/19/2010
Decision Date:	11/24/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/17/2015

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: New Jersey, New York
 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 43 year old female, who sustained an industrial injury on 10-19-2010. The medical records indicate that the injured worker is undergoing treatment for cervicgia, thoracic outlet syndrome, carpal tunnel syndrome, ulnar neuropathy, bilateral medial and lateral epicondylitis, and medication-induced gastritis. According to the progress report dated 6-24-2015, the injured worker presented stating that her right arm is bothering her more especially after returning to work. On a subjective pain scale, she rates her pain 6 out of 10 with medications and 9 out of 10 without. In addition, she reports that she is not sleeping well. The physical examination reveals positive Spurling's test, decreased sensation to light touch in the right hand, weakness with bilateral finger intrinsic, tenderness to palpation over the paraspinal muscles, upper trapezius, scapular border, and over the bilateral medial and lateral epicondyles. The current medications are Tizanidine (since at least 2-4-2015), Naproxen, Omeprazole, and Gabapentin. Previous diagnostic studies include x-rays and MRI of the cervical spine. Treatments to date include medication management, home exercise program, and acupuncture. The original utilization review (7-17-2015) had non-certified a request for Zanaflex 2mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg one tablet orally at bedtime as needed quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The request for Zanaflex is medically unnecessary. Zanaflex is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain. According to MTUS guidelines, muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is also no benefit to the combination of muscle relaxants and NSAIDs. The patient has been prescribed Naproxen. Efficacy wanes over time and chronic use may result in dependence. Muscle relaxants should be used for exacerbations but not for chronic use. Therefore, the request is considered medically unnecessary.