

Case Number:	CM15-0061344		
Date Assigned:	04/07/2015	Date of Injury:	03/20/2014
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/01/2015

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: Colorado

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 51 year old female, who sustained an industrial injury on March 20, 2014, incurring injuries to her neck, back and right wrist after a fall. Treatment included pain management, chiropractic treatment to the cervical and lumbar area, traction, and interferential stimulator. She was diagnosed with a cervical sprain, lumbosacral sprain, lumbar osteoarthritis, lumbar disc disease, right shoulder sprain, right wrist carpal tunnel syndrome and radiculopathy. Currently, the injured worker complains of persistent low back pain radiating down the right lower extremity to the foot. The treatment plan that was requested for authorization 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 2mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 63 and 66.

Decision rationale: Per the Guidelines, Tizanidine (Zanaflex), a centrally acting muscle relaxant approved for use to treat spasticity, is recommended for musculoskeletal pain associated with spasm, but only for a short course. It has been shown to help low back pain in several studies and to help myofascial pain in one study. The antispasmodic / anti-spasticity drugs have diminishing effects over time, so are not recommended for long-term use. No quality consistent evidence exists to support chronic use of Tizanidine. For the patient of concern, the records indicate that patient has been using Zanaflex for more than 3-4 weeks. Though patient's pain is improved on his medication regimen, it is not clear if Zanaflex itself has made changes to pain. There is no documentation of functional improvement with medication regimen. Without documented improvement in pain and /or function, and as Zanaflex has no indication for use longer than 4 weeks, the request for Zanaflex is not medically necessary.