

Case Number:	CM15-0062881		
Date Assigned:	05/20/2015	Date of Injury:	09/24/1990
Decision Date:	06/18/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	04/02/2015

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: California

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 63-year-old male, who sustained an industrial injury on 9/24/90. He has reported initial complaints of a sharp pop in his left knee while walking and turning a corner while working. The diagnoses have included status post lateral meniscectomy of the right knee, knee strain, and insomnia, arthropathy of the lower leg, myofascial pain syndrome, anxiety and depression. Treatment to date has included medications, diagnostics, surgery, physical therapy, and other modalities. Currently, as per the physician progress note dated 2/17/15, the injured worker complained of bilateral knee pain. The injured worker has had 5 laparoscopic surgeries on the right knee and 3 on the left. He has been consistently diagnosed with meniscal tears. The injured worker reports that he was in the bathtub the previous day and when moving out of the tub he heard a pop in the left knee and felt it from his hip to the ankle. It felt as if there was a disconnect to the joint. He also reported sharp, burning pain and spasm in the right medial knee and burning pain along the medial joint line bilaterally. The pain on the left side radiated from the knee into the calf and up the hamstring. The pain was rated 8/10 on pain scale with more pain in the left knee and worsening symptoms. It was noted that the injured worker reports myofascial spasm in the muscles supporting the knee joint and not being able to tolerate walking more than a block. Physical exam reveals left knee had moderate swelling and significant tenderness to palpation to the medial aspect of the knee. The current medications included Soma, Prazosin, Ambien, Norco and Voltaren. The urine drug screen dated 8/2014 was consistent with medications prescribed. The physician requested treatment included Tizanidine HCL 4mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-66.

Decision rationale: Tizanidine (Zanaflex) is a central-acting sedating muscle relaxant used to relax spastic muscles and relieve pain caused by strains, sprains, and other musculoskeletal conditions. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility but, as a group, are recommended for short-term use only, as their efficacy appears to diminish over time. In fact, chronic use of these medications may reduce a patient's motivation or ability to increase activity and thus hinder return to function. The MTUS recommends use of tizanidine for muscle spasms and/or pain relief associated with chronic low back pain. It also notes that muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on muscle relaxant therapy for over 6 months. There is no documented use of this medication or prior muscle relaxants as an intermittent or "as needed" treatment. The patient uses it only at bedtime and there is no documentation it use improves function or that the patient has returned to work. Medical necessity for continued use of muscle relaxants as a group or Zanaflex specifically has not been established.