MAXIMUS Federal Services

| Case Number: | CM15-0074973 | | |
|---|---|---|---|
| Date Assigned: | 04/24/2015 | Date of Injury: | 03/10/2004 |
| Decision Date: | 05/28/2015 | UR Denial Date: | 03/16/2015 |
| Priority: | Standard | Application Received: | 04/20/2015 |

## 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: Florida
Certification(s)/Specialty: Neurology, 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 49 year old female, who sustained an industrial/work injury on 3/10/04. She reported initial complaints of right wrist numbness and forearm pain. The injured worker was diagnosed as having right shoulder impingement, thoracic outlet syndrome, cervical degenerative changes. Treatment to date has included medication, surgery (shoulder arthroscopy), and diagnostics. Currently, the injured worker complains of right arm pain and lack of adequate grip resulting in dropping objects. Per the primary physician's progress report (PR-2) on 3/4/15, examination revealed bilateral lower cervical spine tenderness with limited range of motion, dysthesia to the right thumb and index finger, and tenderness to both shoulders especially trap. Current plan of care included mediation and modified duties. The requested treatments include Zanaflex.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antispasticity meds Page(s): 66.

**Decision rationale:** Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) The medical records provided for review do not demonstrated physical exam findings consistent with spasticity or muscle spasm or myofascial spasm. MTUS supports zanaflex for the treatment of muscle spasm and spasticity. As such, the medical records do not support the use of zanaflex congruent with MTUS; the request is not medically necessary.