MAXIMUS Federal Services

Case Number:	CM15-0093766		
Date Assigned:	05/20/2015	Date of Injury:	02/26/2007
Decision Date:	06/19/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 50 year old female, who sustained an industrial injury on 2/26/07. The injured worker has complaints of neck, upper back and bilateral shoulder pain. The documentation noted that the injured workers external rotation is equal but is limited to about 20 degrees bilaterally and internal rotation is extremely limited, on the right she is only able to reach to the lateral buttock and on the left she is able to reach to about the sacrum. The diagnoses have included chronic neck, thoracic pain, headaches and right lateral epicondylitis, forearm pain and right carpal tunnel syndrome. Treatment to date has included norco; ultram; voltaren extended release; trazodone and zanaflex; injections; magnetic resonance imaging (MRI) from 4/23/13 shows small central disk osteophyte complex at C5-C6 and electromyography/nerve conduction study on 8/3/12 showed moderate severe right carpal tunnel syndrome and cubital tunnel syndrome and magnetic resonance imaging (MRI) of the left shoulder on 4/23/13 showed no definite tears of the rotator cuff, possible posterior superior labral tear, mild acromioclavicular (AC) joint osteoarthritis and magnetic resonance imaging (MRI) of the right shoulder on 4/23/13 showed full thickness tear of the supraspinatus and partial tear subsacpularis and right shoulder girdle trigger point and physical therapy. The request was for retrospective zanaflex 4 mg #60 dispensed on 4/29/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Zanaflex 4 mg #60 dispensed on 4/29/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3 and 6 months. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine (Zanaflex) is not medically necessary.