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| Case Number: | CM14-0141703 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 06/27/2002 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 08/21/2014 |
| Priority: | Standard | Application Received: | 09/02/2014 |

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56 year old male who was injured on 06/27/02 and sustained a traumatic injury to the left shoulder. The mechanism of injury is not documented in the clinical notes submitted for review. Operative note dated 01/12/14 indicated the injured worker underwent left shoulder arthroscopic subacromial decompression, left shoulder joint arthroscopic chondroplasty of the humeral head, and left shoulder synovectomy. Current diagnoses include brachial neuritis or radiculitis, lumbar disc protrusion, lumbar radiculopathy, lumbar facet syndrome, left shoulder chondromalacia of the patella, and insomnia. Clinical note dated 02/28/14 indicated the injured worker complains of constant neck pain radiating to the upper extremities with numbness and tingling, rated as 7/10; constant low back pain radiating to the lower extremities with numbness and tingling, 7/10; constant left shoulder pain, 5-6/10; constant left wrist/hand pain with numbness and tingling, 6-7/10; constant left knee pain, 4/10 and insomnia. Pain without medication is 6-7/10 and with medication 2-3/10. Medications include Synovacin 500mg, Tizanidine 4mg, Omeprazole 20mg, and Norco 7.5-325mg. Clinical note dated 07/10/14 indicated the injured worker complains of lower back pain that radiates in the pattern of bilateral L3 an L5 dermatomes, as well as pain in the neck that radiates in the pattern of bilateral C6, C7, and C8 dermatomes. The injured worker also complains of pain in the left shoulder and left hip, and bilateral hand pain and numbness. The neck pain is rated as 6/10 in the neck and lower back, 5-6/10 in the left shoulder, 4/10 in the right hand and 5-6/10 in the left hand, and 5/10 in the left hip. Physical examination of the cervical spine revealed grade 2 tenderness over the paraspinal muscles as well as 2 palpable spasm, positive compression test and restricted range of motion. The lumbar spine revealed grade 2 tenderness over the paraspinal muscles as well as 2 palpable spasm, restricted range of motion and bilateral positive straight leg raise. The left shoulder has grade 2 tenderness with positive impingement test. Both hands and left hip have grade 2

tenderness. Clinical note dated 08/14/14 indicated the injured worker complains of pain in the neck, lower back, left shoulder and left hip, as well as numbness in the bilateral hands. Neck and lower back pain level were rated as 6/10, 5-6/10 in the left shoulder, 4/10 in the right hand, 4-5/10 in the left hand and 6/10 in the left hip. Physical examination revealed tenderness and restricted range of motion in the cervical, lumbar, left shoulder, bilateral hands, and left hip. There is spasm in the cervical, lumbar spine and left shoulder. Treatment plan include topical analgesics and to continue physical therapy. The previous request for Zanaflex 4mg #60 was modified to a certification of 1 prescription of Zanaflex 4mg #20 on 08/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication, Zanaflex 4mg, #60 cannot be established at this time.