

Case Number:	CM14-0015132		
Date Assigned:	02/28/2014	Date of Injury:	10/22/2012
Decision Date:	06/27/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/06/2014

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 Occupational 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 applicant has filed a claim for chronic low back, leg, and foot pain reportedly associated with an industrial injury of October 22, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; muscle relaxants; and opioid therapy. In a September 3, 2013 progress note, the applicant presented with 5/10 low back pain. The applicant was asked to continue tramadol, tizanidine, and a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working. An earlier note of July 23, 2013 was notable for comments that the applicant was off of work on total temporary disability, as of that point in time. Tizanidine was again prescribed on July 9, 2013.

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.

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

Decision rationale: Page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity and

can be employed off label for low back pain. In this case, however, the applicant has been using tizanidine or Zanaflex chronically. The applicant has seemingly failed to affect any lasting benefit or functional improvement through ongoing usage of the same. The applicant has failed to return to work. The applicant remains reliant on opioid therapy with Norco and other forms of medical treatment, including acupuncture. Continuing tizanidine or Zanaflex without evidence of functional improvement as defined in MTUS 9792.20f is not indicated. Therefore, the request is not medically necessary.