MAXIMUS Federal Services

Case Number:	CM14-0157450		
Date Assigned:	09/30/2014	Date of Injury:	11/10/1995
Decision Date:	11/04/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/25/2014

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 claimant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 10, 1995. Thus far, the applicant has been treated with analgesic medications; opioid therapy; adjuvant medications; earlier lumbar spine surgery; and antispasmodics. In a Utilization Review Report dated August 26, 2014, the claims administrator denied a request for Zanaflex. Non-MTUS Third Edition ACOEM Guidelines were cited at the bottom of the report, although it did not appear that the claims administrator explicitly invoked the cited guideline in its rationale. The claims administrator stated that he was basing his decision on an August 19, 2014 Request for Authorization (RFA) form. This form and/or associated progress notes, however, were not incorporated into the Independent Medical Review packet. The applicant was described as using Zanaflex, Lyrica, and Norco, the claims administrator reported. The claims administrator did not state whether the applicant was working as of that point in time. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated April 9, 2012, the applicant was described as having been deemed "permanently totally disabled." The applicant had multifocal complaints of neck pain, upper extremity paresthesias, low back pain, left leg pain, and knee pain. The applicant was having difficulty performing standing, walking, kneeling, and squatting activities, it was acknowledged. An orthopedic mattress, home Jacuzzi, and electric wheelchair were sought. There was no mention made of medication selection or medication efficacy on this occasion. The applicant's medication list at this point included Albuterol, Aspirin, Xanax, Topamax, Atrovent, Ranexa, Cymbalta, Plavix, TriCor, Protonix, Norvasc, Lyrica, Desyrel, Temazepam, Hydrocodone, and Tizanidine. The Medical-legal evaluator suggested that the applicant be furnished with a motorized scooter. The Medical-legal evaluator suggested that the applicant continue on Vicodin and Tizanidine. In a July 27, 2014 Medical-legal Evaluation, it

was noted that the applicant was using Tramadol, Motrin, Ambien, Zantac, Xanax, Lyrica, Maxzide, Tenormin, Zocor, Niaspan, Darvocet, and Prilosec. It was acknowledged that the applicant was not working at this point in time, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4gm #90, 1 tablet 3 times daily with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex Page(s): 66; 7.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine or Zanaflex is indicated in the treatment of spasticity but can be employed off label for low back pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the August 19, 2014 Request for Authorization (RFA) form on which the article at issue, Tizanidine, was sought, was not incorporated into the Independent Medical Review packet. The Utilization Review Report itself contained no explicit discussion of medication efficacy. While a Medical-legal Evaluation over two years prior had suggested that previous usage of medications, including Tizanidine, were helpful at that point in time, it is difficult to support the request on the basis of that historical note alone. Therefore, the request is not medically necessary.