

Case Number:	CM14-0184065		
Date Assigned:	11/10/2014	Date of Injury:	03/16/2009
Decision Date:	12/18/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/05/2014

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 is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, knee, and shoulder pain reportedly associated with an industrial injury of March 16, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; earlier shoulder arthroscopy; reported diagnosis with carpal tunnel syndrome; earlier right carpal tunnel release surgery; and earlier left knee arthroscopy. In a Utilization Review Report dated October 28, 2014, the claims administrator denied a request for Zanaflex and conditionally denied a request for Norco. The applicant's attorney subsequently appealed. In a December 11, 2013 progress note, the applicant reported ongoing complaints of low back pain, neck pain, and shoulder pain. The applicant's secondary treating provider noted that the applicant was using Tramadol, Prilosec, Celebrex, Prozac, Albuterol, and Flonase. The secondary treating provider stated that he believed the applicant's previous 29% whole person impairment rating did not adequately encapsulate the applicant's current degree of impairment. On December 4, 2013, the applicant reported worsening neck pain. It was stated that the applicant could consider cervical fusion surgery if conservative treatment proved unfruitful. On March 28, 2014, the applicant was given a prescription for Norco. The applicant was again placed off of work, on total temporary disability, via an April 30, 2014 progress note. In a permanent and stationary report dated June 4, 2014, the applicant was taking Tramadol, Neurontin, Tizanidine, and Cymbalta. The applicant was still having difficulty performing activities of daily living as basic as squeezing toothpaste, brushing his teeth, combing his hair, replacing a light bulb, getting in and out of his car, and/or driving for extended amounts of time. Putting on his socks and tying his shoes was still difficult, the applicant reported. The applicant was apparently using a lumbar support, wrist braces, and a TENS unit, it was noted. The

applicant was given a 36% whole person impairment rating on this occasion. The applicant was described as reporting multifocal complaints of low back pain, wrist, shoulder, and neck pain, 7 to 8/10. On September 3, 2014, multiple medications were renewed, including Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex Functional Restoration Approach to Chronic Management 9792.20f Page(s): 7.

Decision rationale: While 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, as is present here, this recommendation, however, 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. Here, however, the applicant is off of work. The applicant continues to report pain complaints in the 7 to 8/10 range, despite ongoing Zanaflex usage. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on opioid agents such as Tramadol and/or adjuvant medication such as Gabapentin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Zanaflex. Therefore, the request is not medically necessary.