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| Case Number: | CM14-0186082 | | |
| Date Assigned: | 11/14/2014 | Date of Injury: | 06/05/1998 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 10/11/2014 |
| Priority: | Standard | Application Received: | 11/07/2014 |

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 low back pain reportedly associated with an industrial injury of June 5, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 11, 2014, the claims administrator partially approved a request for tizanidine and conditionally denied a request for Ambien. The claims administrator also conditionally denied Norco and Lyrica, pending receipt of additional records. The applicant's attorney subsequently appealed. In a September 17, 2014 progress note, the applicant reported 5-9/10 neck, bilateral upper extremity, low back, bilateral lower extremity, and bilateral wrist pain status post left and right carpal tunnel release surgeries. The applicant's past medical history included reflux, asthma, GERD, and fibromyalgia. Physical therapy, Norco, tizanidine, Lyrica, and Ambien were endorsed. It is not readily evident whether these medications represented first-time request or renewal request. On August 27, 2014, the applicant was given refills of naproxen, Prilosec, Zanaflex, and Ambien. Persistent complaints of low back pain were noted. The attending provider stated that he would like to remain the primary prescriber and suggested that the applicant eschew receiving medications from multiple providers. The prescribing provider on this occasion was, in fact, a distinct, separate provider from the physician who had later prescribed tizanidine on September 17, 2014. On July 2, 2014, the applicant was given refills of and/or described as using Norco, Cymbalta, Zanaflex, Naproxen, and/or Ambien for persistent complaints of low back pain were noted. The applicant was described as "still not doing well" despite ongoing medication consumption. The applicant's work status was not clearly stated, although the applicant did not appear to be working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex, Functional Restoration Approach to Chronic Pain Management Page(s): 66, 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 seemingly off of work. The applicant does not appear to be working, despite ongoing medication consumption. The attending provider has not clearly outlined the applicant's work status on multiple office visits, referenced above. Ongoing usage of Tizanidine (Zanaflex), has furthermore, failed to seemingly curtail the applicant's pain complaints significantly. The applicant was described on several office visits as unimproved and/or not doing well. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Tizanidine (Zanaflex). Therefore, the request was not medically necessary.