MAXIMUS Federal Services

Case Number:	CM14-0078630		
Date Assigned:	09/18/2014	Date of Injury:	05/13/1989
Decision Date:	12/31/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/29/2014

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 May 13, 1989.Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; epidural steroid injection therapy; psychotropic medications; long and short acting opioids; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 28, 2014, the claims administrator failed to approve a request for Zanaflex while approving Neurontin, Enulose, Amitiza, and MiraLax. The applicant's attorney subsequently appealed. In a February 7, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant had completed four to six treatment sessions of physical therapy, it was acknowledged. The applicant is status post multiple epidural steroid injection therapy, it was further noted. The applicant's medication list included Lidoderm, Zegerid, Colace, Neurontin, Nuvigil, Amitiza, MiraLax, Duragesic, Enulose, Senna, Desyrel, Viagra, Norco, Xanax, Cymbalta, Zanaflex, Tegretol, and Reglan. The applicant was having increased depression despite usage of Cymbalta for over eight months, it was stated. The applicant is asked to continue Zanaflex at a rate of thrice daily as needed for muscle spasms. Desyrel, Cymbalta, and Norco were continued. The applicant was using Norco five times daily, it was acknowledged. The applicant was not working with permanent limitations in place. Epidural steroid injection therapy was endorsed. It was stated that the applicant's pain complaints were unchanged. On February 12, 2014, the applicant received a lumbar epidural steroid injection. On April 11, 2014, the applicant reported ongoing complaints of low back pain. The applicant stated that his TENS unit had broken. The applicant stated that his depressed mood had improved to some extent. Replacement TENS unit was sought while multiple medications were renewed, including Norco, Xanax, Zanaflex, Neurontin, Desyrel, Enulose,

Duragesic, Nuvigil, Cymbalta, Amitiza, MiraLax, Lidoderm, and Viagra. The applicant was not working with permanent limitations in place, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

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 treatment of spasticity, but can be employed off label for low back pain, this recommendation is, however, 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 its choice of recommendations. Here, however, the applicant is off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. The attending provider failed to outline any quantifiable decrements in pain achieved as a result of ongoing Zanaflex usage. Ongoing Zanaflex usage has failed to curtail the applicant's dependence on opioid agents such as Duragesic and Norco. All the foregoing, taken together, suggests a lack of functional improvement as defined in the MTUS 9792.20f. Therefore, the request was not medically necessary.