

Case Number:	CM14-0175263		
Date Assigned:	10/27/2014	Date of Injury:	05/31/2006
Decision Date:	12/21/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 31, 2006. In a Utilization Review report dated October 13, 2014, the claims administrator failed to approve a request for Zanaflex. The claims administrator referenced a September 16, 2014 office visit in its determination. The applicant's attorney subsequently appealed. On June 25, 2015, the treating provider suggested that the applicant had found work in an alternate capacity, despite ongoing issues with chronic low back and knee pain. On August 3, 2015, repeat epidural steroid injection, Norco, and Zanaflex were all endorsed. The attending provider contended that earlier epidural steroid injection therapy and medication therapy had generated an 80% improvement in pain and function. On September 16, 2014, lumbar epidural steroid injection was sought. The attending provider contended that the applicant's medications usage, which included Norco and Zanaflex, remained efficacious. It was suggested that the applicant had maintained productive activity at home, socially, and at work with ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2 Mg (Unspecified Frequency & Duration), Quantity: 90, 0 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Yes, the request for Zanaflex (tizanidine) was medically necessary, medically appropriate, and indicated here. As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine and Zanaflex is FDA approved in the management of spasticity, but can be employed for unlabeled use for low back pain, as was seemingly present here on or around the date in question, September 16, 2014. The September 16, 2014 progress note and subsequent notes did establish that ongoing usage of tizanidine, (Zanaflex) had facilitated the applicant's return to work was generating appropriate analgesia and was facilitating the applicant's performance of work and non-work activities. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.