

Case Number:	CM14-0176123		
Date Assigned:	12/12/2014	Date of Injury:	11/05/2007
Decision Date:	01/21/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/23/2014

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 November 5, 2007. In a Utilization Review Report dated October 6, 2014, the claims administrator denied Tizanidine outright while delaying/conditionally denying Butrans patches. The claims administrator stated that its decision was based on a September 22, 2014 progress note. The applicant's attorney subsequently appealed. In a December 2, 2014 progress note, the applicant reported ongoing complaints of low back pain with ancillary issues including hypertension, anxiety, and malaria. The applicant weighed 275 pounds, it was noted. The applicant had history of prior lumbar disk replacement surgery, and subsequent spinal cord stimulator implantation. The applicant was using a CPAP device for obstructive sleep apnea. The applicant was described as no longer working. The applicant had no occupation, it was noted. The applicant was formerly employed as a tree trimmer. The applicant's medications included Lopressor, Zestoretic, Lidoderm patches, Senna, MiraLax, Lyrica, Skelaxin, Mobic, Atarax, Fioricet, Amitiza, and Ativan. The applicant was asked to follow up on p.r.n. basis. There was no explicit discussion of medication efficacy incorporated into this particular progress note. There was no seeming mention of the applicant using Zanaflex on this occasion. In a November 19, 2014, progress note, the applicant reported ongoing complaints of low back pain. The applicant was asked to continue Lopressor, Cipro, Zestoretic, Lidoderm, Senna, MiraLax, Lyrica, Atarax, Skelaxin, and Mobic. Toradol injection was given. The applicant's work status was not outlined on this occasion. The applicant did not obtain previously ordered drug screening, the attending provider incidentally noted. There was no mention of the applicant's using Zanaflex on this occasion. The applicant was described as severely obese, with a BMI of 40. In a November 12, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant

was using tramadol, Butrans, Zanaflex, Zestril, Lyrica, Lopressor, it was acknowledged. The applicant exhibited a visibly antalgic gait. Thoracic spine x-ray imaging was noted. The attending provider refilled tramadol, Butrans, and Zanaflex. It was stated that the applicant's activity level and quality of life were unchanged. The attending provider stated that the thoracic spine x-ray was being endorsed to determine whether the spinal cord stimulator was appropriately placed. The attending provider stated that the combination of the Butrans patches and tramadol were ameliorating his pain complaints. There was no explicit mention of whether or not the Zanaflex was or was not effective. On October 25, 2014, the applicant was described as having gained more and more weight. The applicant's BMI was 42, it was incidentally noted. The applicant was given refills of Lopressor, Cipro, Zestoretic, Lidoderm, Senna, MiraLax, Lyrica, Atarax, Skelaxin, and Mobic. A Toradol injection was again administered.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Tizanidine 4mg: 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 management of spasticity but can be employed off label for low back pain as was/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 "efficacy of medication" in another applicant specific variable such as "other medications" into his choice of recommendations. Here, the requesting provider has not clearly outlined why the applicant needs to use two separate muscle relaxants, namely Skelaxin and Zanaflex. It appears that the applicant was receiving Skelaxin from one provider and Zanaflex from another. No clear rationale for provision of two separate muscle relaxants was proffered by the attending provider. It is further noted that ongoing usage of Zanaflex has not been explicitly described as helpful. The applicant does not appear to have returned to work. Ongoing usage of Zanaflex does not appear to have improved the applicant's overall activity levels as suggested by the applicant's seemingly remaining off of work and gaining weight. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on opioid agents such as Butrans and tramadol. The attending provider, furthermore, failed to outline any quantifiable decrements in pain achieved as a result of ongoing medication consumption, including ongoing Zanaflex (Tizanidine) consumption. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.