

Case Number:	CM14-0187531		
Date Assigned:	11/18/2014	Date of Injury:	03/17/2008
Decision Date:	07/03/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 58-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 17, 2008. In a Utilization Review report dated October 23, 2014, the claims administrator failed to approve a request for Zanaflex. The claims administrator referenced a September 22, 2014 RFA form and September 17, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On August 19, 2014, the applicant reported ongoing complaints of neck, upper extremity, and low back pain. The applicant had undergone a carpal tunnel release surgery and a CABG procedure, it was acknowledged. The applicant was using Norco, Neurontin, and a TENS unit for pain relief purposes, it was reported in various sections of the note. The applicant was still smoking and had done so for the preceding 30 years, it was reported. Severe fatigue was reported in the review of the systems section of the note. Multiple medications were renewed and continued in a highly templated manner, including Protonix, Neurontin, Zanaflex, and morphine. Permanent work restrictions were renewed, per specification of an Agreed Medical Evaluator (AME). It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On April 17, 2014, the applicant was using a cane to move about, it was reported. Permanent work restrictions were again renewed. The applicant's medications list, at this point, included morphine, Protonix, Neurontin, a capsaicin containing cream, Zanaflex, metformin, aspirin, Coreg, and Advair. On September 17, 2014, the applicant reported persistent complaints of low back pain status post epidural steroid injection therapy. The applicant's husband has recently passed away, it was reported. The applicant was

still smoking. Further physical therapy and epidural steroid injection therapy were endorsed while Protonix, Neurontin, a capsaicin cream, Zanaflex, morphine, metformin, aspirin, Coreg, Advair, Relafen, and Terocin lotion were renewed and/or continued. The attending provider has maintained that the applicant's medications were beneficial, but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

Decision rationale: No, the request for Zanaflex (tizanidine) was not medically necessary, medically appropriate, or indicated here. 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, but can be employed off label for low back pain as was/is present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the fact that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was seemingly off work, despite ongoing tizanidine usage. Permanent work restrictions were renewed, unchanged, from visit to visit, despite ongoing usage of tizanidine. Ongoing usage of tizanidine (Zanaflex) failed to curtail the applicant's dependence on opioid agents such as morphine and/or topical compound such as the Terocin lotion and capsaicin containing cream also being employed here. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Zanaflex. Therefore, the request was not medically necessary.