

Case Number:	CM14-0187623		
Date Assigned:	11/14/2014	Date of Injury:	05/25/2008
Decision Date:	01/02/2015	UR Denial Date:	10/31/2014
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, major depressive disorder, and generalized anxiety disorder (GAD) reportedly associated with an industrial injury of May 25, 2008. In a Utilization Review Report dated October 31, 2014, the claims administrator failed to approve a request for Tizanidine. In an August 5, 2014 progress note, the applicant reported ongoing complaints of low back pain status post recent epidural steroid injection. The applicant was using Zanaflex, Ultram, Lidoderm, Prilosec, and Pamelor, it was acknowledged. The attending provider stated that the applicant's functional mobility was significantly limited and that the applicant was having difficulty performing activities of daily living, standing and walking. The applicant was using crutches to move about, it was acknowledged. Multiple medications were refilled, including Tizanidine, Pamelor, Tramadol, Prilosec and Lidoderm. A lumbar MRI imaging and laboratory testing were also sought. An orthopedic referral was endorsed. The applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant was unable to tolerate physical therapy secondary to pain. In a mental health progress note of July 17, 2014, the applicant was placed off of work, on total temporary disability owing to psychiatric issues, including insomnia, loss of enjoyment, and depressed libido. The applicant's medication list from a mental health perspective included Geodon, Zoloft, and Ambien. In a June 25, 2014 progress note, the applicant reported 8 to 9/10 low back pains radiating to the right leg. The applicant exhibited an unstable gait, it was acknowledged on this occasion. The applicant was again placed off of work, on total temporary disability. Lidoderm, Pamelor, Prilosec, Tizanidine and Tramadol were renewed. It was stated that the applicant's pain was "disabling" and preventing participation in physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg one tablet three times daily as needed for spasms for 30 days, quantity 90 tablets with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9; 63-64, 66; 74; 78-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex section, Functional Restoration Approach to Chronic Pain Management section.

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, but can be employed off label for low back pain, as was present here on or around the date in question, 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 off of work, on total temporary disability. Complaints of pain in the 8 to 9/10 range were appreciated on a June 25, 2014 office visit, referenced above. The applicant was using crutches to move about on August 5, 2014. The applicant remains off of work. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Tizanidine. Therefore, the request is not medically necessary.