MAXIMUS Federal Services

Case Number:	CM14-0193345		
Date Assigned:	12/01/2014	Date of Injury:	08/03/2009
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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 mid and low back pain reportedly associated with an industrial injury of August 3, 2009. In a Utilization Review Report dated November 4, 2014, the claims administrator approved a pain management consultation, approved Norco, approved a follow-up visit, and denied Zanaflex. The claims administrator stated that its decision was based, in part, on an October 27, 2014 RFA form.The applicant's attorney subsequently appealed. In said October 27, 2014 progress note, the applicant reported 5-8/10 low back pain, highly variable. The attending provider stated that he was in the process of pursuing epidural steroid injection therapy. The applicant's pain scores were 5-6/10 with medications versus 7-8/10 without medications. A primary complaint of low back pain with an ancillary complaint of right knee pain was appreciated. The applicant was using Norco and Zanaflex, both of which were refilled. The applicant was placed off of work, on total temporary disability. The attending provider did not incorporate any discussion of improvements in function achieved as a result of ongoing medication consumption in any portion of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 MG Tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex sectionFunctional 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/is 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 there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability. While the applicant did report some reduction in pain scores on an office visit of October 27, 2014, referenced above, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing Zanaflex usage. The fact that the applicant remains off of work, coupled with the fact that ongoing usage of Zanaflex has failed to curtail the applicant's dependence on opioid agents such as Norco, taken together, strongly suggests a lack of functional improvement as defined in MTUS 9792.20f, despite previous usage of Zanaflex. Therefore, the request was not medically necessary.