

<b>Case Number:</b>	CM14-0203595		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	01/05/2010
<b>Decision Date:</b>	02/09/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 January 5, 2010. In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for Zanaflex. The claims administrator referenced an October 2, 2014 progress note and an October 22, 2014 RFA form in its denial. The applicant's attorney subsequently appealed. In a November 24, 2014 appeal letter, the attending provider reiterated his request for Protonix and Tylenol No. 3. The attending provider did not, however, furnish the applicant's work status on this occasion. In a November 6, 2014 interventional pain management note, the applicant reported 7/10 neck pain, back pain, and headaches. The attending provider noted that the applicant's back pain complaints were severe and interfering with her ability to perform activities of daily living. Tylenol No. 3, Zanaflex, Protonix, Neurontin, and drug testing were endorsed. The applicant's work status was not furnished. In a medical-legal evaluation dated October 28, 2014, the medical-legal evaluator noted that the applicant was at maximum medical improvement insofar as certain body parts were concerned. Permanent work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. On September 17, 2014, the applicant reported persistent complaints of shoulder pain status post earlier right shoulder surgery. On October 2, 2014, the applicant reported multifocal pain complaints, including neck pain, low back pain, shoulder pain, and hand pain. The applicant was reportedly unimproved. Tylenol No. 3, Zanaflex, Protonix, and Neurontin were endorsed. The applicant's work status was not furnished, although it did not appear that the applicant was working. On February 2, 2014, the applicant again reported issues with severe neck pain. Multiple medications, including Tylenol No. 3, Zanaflex, Protonix, and Neurontin were renewed. The attending provider stated that the applicant was doing well in terms of her pain medications but did not elaborate further. The

attending provider also seemingly suggested that the applicant was using both cyclobenzaprine and Zanaflex.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **60 Tablets of Zanaflex 4 MG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex/Tizanidine, Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7.

**Decision rationale:** The request for Zanaflex was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine/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, 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 into his choice of recommendations and also incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider did not clearly outline the presence of material or substantive benefit achieved as a result of ongoing Zanaflex usage, nor did the attending provider outline why the applicant needs to use two separate muscle relaxants, Zanaflex and cyclobenzaprine. The fact that the applicant continues to report complaints of severe neck and back pain, despite ongoing Zanaflex usage, coupled with the fact that ongoing Zanaflex usage has failed to curtail the applicant's dependence on opioid agents such as Tylenol No. 3, suggests a lack of functional improvement despite ongoing usage of Zanaflex. The applicant, furthermore, does not appear to be working, further arguing against any functional improvement achieved through ongoing Zanaflex usage in terms of the parameters established in MTUS. Therefore, the request is not medically necessary.