

<b>Case Number:</b>	CM14-0055150		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	03/24/2009
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	03/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 and neck pain reported associated with an industrial injury of March 24, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; multiple lumbar spine surgeries; anxiolytic medications; and muscle relaxants. In a Utilization Review Report dated March 31, 2014, the claims administrator failed to approve a request for Zanaflex and Xanax. The applicant attorney subsequently appealed. In a January 21, 2014 progress note, the applicant reported ongoing complaints of low back and neck pain, high variable, ranging from 4 to 10/10, exacerbated by standing, walking, and cold weather. The applicant was in the process of pursuing an intrathecal pain pump, it was noted. The applicant was placed off of work, on total temporary disability. A Toradol injection was given. A heating pad was also endorsed. The applicant's complete medication list was not attached on this occasion. The applicant did have issues with psychological stress, depression, and anxiety, it was acknowledged. In an earlier note dated December 2, 2013, the applicant was given prescriptions for Xanax for sedative effect. Prilosec was also endorsed for stomach protection and Norco and tizanidine for pain relief purposes. The applicant was, once again, placed off of work, on total temporary disability. On December 30, 2013, the applicant was again placed off of work, on total temporary disability. The applicant was using a cane to move about on that occasion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg, #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating 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 the management of spasticity but can be employed off label for low back pain as was present here, this recommendation 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 was/is off of work, on total temporary disability. Ongoing usage of Zanaflex failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continues to report pain complaints as high as 10/10, despite ongoing usage of Zanaflex. All of the forward going, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Zanaflex. Therefore, the request was not medically necessary.

**Xanax 1mg, #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Xanax can be employed for "brief periods," in cases of overwhelming symptoms, in this case, however, the 30-tablet, three refill supply of Xanax at issue implies chronic, long-term, and/or nightly usage of the same, for sedative effect purposes. This is not an ACOEM-endorsed role for Xanax. Therefore, the request was not medically necessary.