

Case Number:	CM15-0135646		
Date Assigned:	07/23/2015	Date of Injury:	05/27/2014
Decision Date:	08/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/14/2015

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 39-year-old who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of May 27, 2014. In a Utilization Review report dated June 29, 2015, the claims administrator failed to approve a request for Zanaflex. The claims administrator referenced a June 22, 2015 progress note in its determination. The claims administrator did, however, approved a concomitant request for Percocet. On an RFA form dated May 14, 2015, Cymbalta, Topamax, Percocet, and Zanaflex were all endorsed. In an associated progress note of the same date, May 14, 2015, the applicant reported ongoing complaints of neck and low back pain. The attending provider stated that the applicant was not able to participate in recreational activities, perform exercises, or do household chores such as yard work secondary to pain. The applicant's low back was the primary pain generator, although the applicant reported ancillary issues with knee and leg pain. The applicant was on Percocet, topical Lidex, and tizanidine, it was reported. The applicant had undergone an earlier failed lumbar spine surgery; it was reported in one section of the note. Cymbalta, Topamax, Percocet, and Zanaflex, were all apparently prescribed. A spinal cord stimulator trial was endorsed. The attending provider suggested that the applicant had returned to work. The attending provider stated that the applicant's medications were reducing his spasm and were ameliorating his low back pain complaints. The applicant was no longer drinking alcohol and had been alcohol-free for five years, it was suggested. On June 22, 2015, the attending provider stated that the applicant was working full time with restrictions in place, was tolerating the same appropriately. The attending provider stated in one section of the note that the applicant was able to perform

stretching exercises and also suggested that the applicant's walking and sitting tolerances were somewhat improved as a result of medication consumption. Percocet, Zanaflex, Cymbalta, Topamax, and a spinal cord stimulator trial were endorsed. It was stated that the applicant was deriving appropriate analgesia from ongoing medication consumption in several sections of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Tizanidine Page(s): 64, 66.

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

Decision rationale: Yes, the request for Zanaflex (tizanidine), an anti-spasmodic medication, was medically necessary, medically appropriate, and indicated here. As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed for unlabeled use for low back pain purposes. Here, the attending provider did suggest multiple office visits, referenced above, including on June 22, 2015 that the applicant had derived appropriate analgesia as a result of ongoing Zanaflex usage. The attending provider contended that ongoing usage of Zanaflex was attenuating the applicant's pain complaints, improving the applicant's sitting and standing tolerance and facilitating the applicant's ability to return to work. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.