

<b>Case Number:</b>	CM15-0137437		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	04/12/2002
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 12, 2002. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve a request for Zanaflex. The full text of the UR decision, it was incidentally noted, was not attached to the application. The applicant's attorney subsequently appealed. In a March 4, 2015 progress note, the applicant reported ongoing complaints of low back pain status post earlier failed fusion surgery. The applicant developed issues with derivative complaints of emotional disturbance and sleep disturbance, it was reported. The applicant was on Remeron, Zanaflex, Pamelor, baclofen, Glucophage, Zocor, Zestril, Lyrica, Amaryl, Lunesta, Duragesic, tramadol, Coreg, Effient, and aspirin, it was stated. Zanaflex, BuTrans and Remeron were renewed. The attending provider stated that the applicant was deriving a 50% reduction in pain scores with ongoing BuTrans usage. The applicant's work status was not detailed, although it did not appear the applicant was working. On April 7, 2015, BuTrans, Remeron and a trial of Gralise were endorsed. The applicant was again described with ongoing complaints of low back pain status post earlier failed spine surgery with ancillary complaints of sleep disturbance and emotional disturbance. Once again, the applicant's work status was not detailed. The attending provider stated that Zanaflex is being employed for chronic low back pain and/or sleep disturbance. The attending provider stated that the applicant's pain medications and, in particular, BuTrans were diminishing his pain scores by 50%. The applicant was on Zanaflex, senna, Pamelor, baclofen, Glucophage, Zocor, Zestril, Lyrica, Amaryl, Lunesta, Duragesic, Ultram, Coreg, Effient, and aspirin, it was reported.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** No, the request for Zanaflex, an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. 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, this recommendation is, however, 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 of medications into his choice of recommendations. Here, however, the attending provider did not establish evidence of functional improvement as defined in MTUS 9792.20e with ongoing Zanaflex usage. The applicant's work status was not outlined on multiple progress notes of early and mid 2015, referenced above. Ongoing usage of Zanaflex failed to curtail the applicant's dependence on opioids agents such as Duragesic, Ultram, and BuTrans. While the attending provider did recount some reported reduction of pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to outline corresponding improvement in function effected as a result of ongoing Zanaflex usage (if any) and the attending provider's failure to outline the applicant's work status. Therefore, the request was not medically necessary.