

Case Number:	CM15-0139448		
Date Assigned:	07/29/2015	Date of Injury:	05/28/2008
Decision Date:	09/25/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/17/2015

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 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 28, 2008. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for Zanaflex. The claims administrator referenced a June 10, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 14, 2015, the applicant reported ongoing complaints of low back pain status post two recent epidural steroid injections, it was reported. The applicant was considering spine surgery, it was reported. Permanent work restrictions were renewed. No seeming discussion of medication efficacy transpired. On April 15, 2015, the applicant was given refills of Norco, Opana, Lidoderm patches, Gralise, Zanaflex, MiraLax, and Amitiza. An orthopedic spine surgery consultation was endorsed. The applicant had undergone earlier failed lumbar fusion surgery, it was reported. The attending provider stated that the applicant was using four tablets of Norco daily. 7-8/10 pain complaints were reported, sometimes as high as 10/10. The applicant stated that squatting, bending, sitting, and standing all remained problematic. It was not clearly stated whether the applicant was or was not working, although this did not appear to be the case. The attending provider again stated toward the middle of the note that the applicant's pain scores were reduced to 4-5/10 with medications and that the applicant's medications were facilitating performance of unspecified light household chores. On May 13, 2015, the attending provider again stated that the applicant's pain complaints were heightened by bending, sitting, squatting, and standing but that the applicant's pain scores did drop from 10/10 without medications to 4-5/10 with medications. Once again, the applicant's

work status was not detailed, although it did not appear that the applicant was working. The attending provider contended that the applicant's ability to perform unspecified light housework activities had been ameliorated as a result of ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg, 1 tablet by mouth daily as needed for spasms, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7.

Decision rationale: No, the request for Zanaflex (tizanidine), 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 present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not reported on multiple office visits, referenced above, including on May 13, 2015. Ongoing usage of Zanaflex failed to curtail the applicant's dependence on opioid agents such as Opana or Norco. It did not appear that the applicant was working as of this date. Activities of daily living as basic as bending, sitting, squatting, and standing all remained problematic, the treating provider reported on this date. While the attending provider did recount a reduction in pain scores reportedly achieved as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work, the failure of Zanaflex to curtail the applicant's dependence on opioid agents, and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing Zanaflex usage. Therefore, the request was not medically necessary.