

Case Number:	CM15-0143279		
Date Assigned:	08/04/2015	Date of Injury:	11/02/2011
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/24/2015

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, knee, and leg pain reportedly associated with an industrial injury of November 2, 2011. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve requests for Zanaflex and etodolac (Lodine). The claims administrator referenced a June 25, 2015 office visit and an associated RFA form of July 1, 2015 in its determination. The applicant's attorney subsequently appealed. In a February 12, 2015 progress note, the attending provider acknowledged that the applicant's employer was unable to accommodate previously set limitations. Ongoing complaints of low back and knee pain were reported. The applicant was asked to continue Lodine, Zanaflex, Norco, Colace, Neurontin, and an H-wave device. The note was very difficult to follow and mingled historical issues with current issues. Some sections of the note stated that the applicant was not currently working, while other sections of the note suggested that the attending provider was intent on returning the applicant to work on a trial basis at some point in time. On an RFA form dated May 6, 2015, Zanaflex, Norco, and Lodine were sought. In an associated progress note dated May 28, 2015, the applicant reported 2/10 pain with medications versus 3.5/10 without medications. It was suggested that the applicant was not working as he was intent on pursuing a work hardening program before returning to work. The note, as with preceding and succeeding notes, was quite difficult to follow as it mingled historical issues with current issues. Towards the bottom of the report, it was stated that the applicant had applied for Social Security Disability Insurance (SSDI). The applicant was asked to continue Zanaflex, Lodine, Norco, Colace, and an H-wave device. The attending provider contended that the applicant's medications were helpful but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #40: Upheld

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

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 and 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 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 attending provider's at-times internally incongruous reporting did not establish evidence of a clear benefit derived as a result of ongoing tizanidine usage. Ongoing usage of tizanidine (Zanaflex) failed to curtail the applicant's dependence on opioid agents such as Norco, it was acknowledged on May 28, 2015. The applicant was using Norco at a rate of twice to thrice daily, it was reported at that point in time. The applicant was in the process of applying for Social Security Disability Insurance (SSDI), it was acknowledged on that date. The applicant's failure to return to work, coupled with the failure of Zanaflex (tizanidine) to reduce the applicant's dependence on opioid agents such as Norco, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same and, moreover, outweighed any subjective reports of analgesia derived as a result of ongoing Zanaflex usage. Therefore, the request was not medically necessary.

Etodolac 500mg #50: Upheld

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

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

Decision rationale: Similarly, the request for etodolac (Lodine), an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as etodolac (Lodine) do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly 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,

ongoing usage of etodolac (Lodine) failed to curtail the applicant's dependence on Norco, it was acknowledged on May 28, 2015. The applicant was using Norco at a rate of twice or thrice daily, it was reported on that date. The applicant was off of work, and was in the process of applying for Social Security Disability Insurance (SSDI), it was further reported. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of etodolac (Lodine). Therefore, the request was not medically necessary.