

Case Number:	CM15-0161576		
Date Assigned:	08/27/2015	Date of Injury:	02/01/2009
Decision Date:	10/05/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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 53-year-old who has filed a claim for chronic neck and arm pain reportedly associated with an industrial injury of February 1, 2009. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve a request for tizanidine. The claims administrator referenced progress notes of July 31, 2015 and June 25, 2015 in its determination. The applicant's attorney subsequently appealed. On said July 31, 2015 progress note, the applicant reported ongoing complaints of wrist, neck, and shoulder pain, 5/10. Derivative complaints of depression were reported. The applicant was placed off of work, on total temporary disability. Fioricet, oxycodone, tizanidine, and Valium were renewed, seemingly without any discussion of medication efficacy. Large portions of the progress note were difficult to follow, handwritten, not altogether legible. Acupuncture was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

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 tizanidine (Zanaflex), antispasmodic medication, is not medically necessary, medically appropriate, or indicated here. While page 56 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 for unlabeled use for low back pain, here, however, the applicant's primary pain generators, per the July 31, 2015 progress note at issue, were the neck and shoulder (as opposed to the low back). Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, it was acknowledged on the July 31, 2015 progress note at issue. Ongoing usage of tizanidine (Zanaflex) failed to curtail the applicant's dependence on opioid agents such as oxycodone. No seeming discussion of medication efficacy transpired on the handwritten July 31, 2015 progress note at issue. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.