

Case Number:	CM15-0204267		
Date Assigned:	10/21/2015	Date of Injury:	02/17/2000
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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 60-year-old who has filed a claim for neck, back, arm, and shoulder pain associated with an industrial injury of February 17, 2000. In a Utilization Review report dated September 26, 2015, the claims administrator failed to approve a request for Zanaflex. The claims administrator referenced a September 2, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 2, 2015, the applicant reported ongoing complaints of neck, back, arm, shoulder pain with derivative complains of headaches and psychological stress. Neurology consultation was sought. The applicant was also having issues with nightmares and other bizarre symptoms, the treating provider reported. The applicant was also described as having psychological issues. The applicant was on Norco and Zanaflex, the latter of which should be employed at a rate of twice daily. The applicant was no longer working, the treating provider acknowledged, and had reportedly retired. Norco and Zanaflex were endorsed, without much discussion of medication efficacy. On August 6, 2015, the applicant again reported multiple issues with neck, back, arm, and shoulder pain with derivative complaints of headaches and psychological stress. The applicant was using Norco, Zanaflex, and Celebrex. The applicant also had ancillary issues with temporomandibular joint disorder, it was reported. Once again, no seeming discussion of medication efficacy transpired. The applicant was described as "pretty much deconditioned," the treating provider reported. On July 9, 2015, the treating provider acknowledged that the applicant had had a medical legal evaluator, who had concluded that the applicant was "unable to work." The applicant's medication list included Norco, Zanaflex, Celebrex, and Neurontin, it

was reported. The applicant was using a cervical collar at times owing to issues of alleged muscle spasms about the neck. The attending provider nevertheless contended that the applicant's medications were beneficial in terms of reducing the applicant's pain scores from 10/10 without medications to 5/10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60 with 1refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

Decision rationale: No, the request for Zanaflex (tizanidine), an anti-spasmodic medication, was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guideline 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, as was seemingly 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, the applicant remained off of work, the treating provider reported on multiple dates of service, referenced above. On July 9, 2015, the treating provider acknowledged that the applicant had been deemed "unable to work" by an Agreed Medical Evaluator (AME). Ongoing usage of Zanaflex failed to curtail the applicant's dependence on opioid agents such as Norco, the treating provider reported on July 9, 2015 and on September 2, 2015. The applicant was apparently using Narco at a rate of three times daily, despite ongoing Zanaflex usage. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing medication consumption. The attending provider's report of August 6, 2015 to the effect that the applicant would be homebound without her medications did not constitute evidence of functional improvement in terms of parameters established in MTUS 9792.20e, despite ongoing usage of Zanaflex. Therefore, the request was not medically necessary.