

Case Number:	CM15-0206208		
Date Assigned:	10/23/2015	Date of Injury:	11/01/2005
Decision Date:	12/09/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/20/2015

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 63-year-old who has filed a claim for chronic shoulder pain and complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of November 1, 2005. In a Utilization Review report dated October 13, 2015, the claims administrator failed to approve a request for Zanaflex while apparently approving Norco, Lyrica, Butrans, and a paraffin bath device. The claims administrator referenced a September 29, 2015 office visit and an associated October 6, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On said September 29, 2015 office visit, the applicant reported ongoing complaints of shoulder pain and upper extremity pain associated with complex regional pain syndrome (CRPS). The claims administrator noted that the applicant was using a variety of medications to include Norco, Butrans, Catapres, Exalgo, Lyrica, and Zanaflex. The applicant had received Zanaflex as early as September 13, 2014, the treating provider acknowledged. 8/10 pain complaints were reported. The attending provider contended that the applicant's medications were beneficial in various sections of the note while other sections of the note stated that the applicant's pain control and function had deteriorated over time. The applicant was no longer volunteering and had not returned to work, the treating provider acknowledged. The applicant had difficulty writing, showering, gripping, grasping, lifting, cooking, shopping, socializing, and doing basic household chores, it was reported. Multiple medications, including Norco, Butrans, Lyrica, and tizanidine were seemingly renewed while the applicant was kept off of work. The treating provider seemingly acknowledged that the applicant was not working with the rather proscriptive 5-pound lifting limitation imposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, 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 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 (Zanaflex) is FDA approved in the management of spasticity but can be employed for unlabeled use for low back pain, here, however, there was no explicit mention of the applicant's having issues with spasticity and/or low back pain for which ongoing usage of tizanidine (Zanaflex) would have been indicated, per page 66 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's pain complaints seemingly stemmed from the shoulder, hand, and arm, the treating provider reported on September 29, 2015. The applicant reportedly carried diagnosis of upper extremity complex regional pain syndrome (CRPS), the treating provider reported on that date. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 46 of the MTUS Chronic Pain Medical Treatment Guidelines both stipulate that an attending provider incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, the treating provider reported on the September 29, 2014 office visit at issue. The applicant was no longer volunteering owing to heightened pain complaints present on that date, the treating provider reported. Ongoing usage of tizanidine (Zanaflex) failed to curtail the applicant's dependence on opioid agents such as Norco and Butrans, both of which the applicant was reportedly using on September 29, 2015. The applicant was having difficulty performing activities of daily living as basic as gripping, grasping, writing, lifting, and socializing, the treating provider reported on September 29, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Zanaflex (tizanidine). Therefore, the request was not medically necessary.