MAXIMUS Federal Services

Case Number:	CM15-0024179		
Date Assigned:	02/13/2015	Date of Injury:	05/30/2012
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/09/2015

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, Ohio, 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 42-year-old [redacted] beneficiary who has filed a claim for headaches, neck pain, upper back pain, shoulder pain, vertigo, and mood disturbance reportedly associated with an industrial injury of May 30, 2012.In a utilization review report dated January 25, 2015, the claims administrator failed to approve a request for tizanidine. The claims administrator referenced RFA forms of January 19, 2015 and December 11, 2014 in its determination. Ongoing complaints of neck pain and panic attacks were also reported.The applicant's attorney subsequently appealed.On December 11, 2014, the applicant reported ongoing complaints of neck pain, headaches, mid back pain, panic attacks, and psychological stress. The applicant was moderately obese. The applicant's medication list included Xanax, Tenormin, Valium, Voltaren, Depakote, Prozac, Dilaudid, Prilosec, and tizanidine. The applicant was not working, it was acknowledged, and was seemingly receiving Workers' Compensation Indemnity benefits. Multiple medications were renewed, including tizanidine, Depakote, Prozac, diclofenac, and Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

Decision rationale: 1.No, the request for tizanidine (Zanaflex) 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 for the management of spasticity but can be employed off label for low back pain, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off of work. The applicant was receiving Workers' Compensation Indemnity benefits. Severe pain complaints were persistent despite ongoing usage of tizanidine. Ongoing usage of tizanidine failed to curtail the applicant's dependence on opioid agents such as Dilaudid. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.