

<b>Case Number:</b>	CM15-0216943		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	12/11/1989
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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 low back pain (LBP) reportedly associated with an industrial injury of December 11, 1989. In a Utilization Review report dated October 29, 2015, the claims administrator failed to approve request for Zanaflex and Ensure. An October 16, 2015 office visit was cited in the determination. The applicant's attorney subsequently appealed. On said October 16, 2015, the applicant reported ongoing issues with low back pain radiating to the lower extremities. The applicant had undergone an earlier failed lumbar procedure, the treating provider reported. The applicant was on Norco, Celebrex, Zanaflex, Valium, and Movantik, the treating provider noted. The applicant had undergone earlier shoulder surgery, the treating provider incidentally noted. Norco, Celebrex, Zanaflex, and Ensure were endorsed. The applicant's permanent work restrictions were likewise renewed. The applicant was not working, the treating provider acknowledged. The treating provider stated in one section of the note that Ensure was being employed to build up the applicant's caloric intake.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #120 with 2 refills: 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): Prevention, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

**Decision rationale:** No, the request for Zanaflex, 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 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 MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of 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 applicant was off of work, the treating provider acknowledged on October 16, 2015. Ongoing usage of Zanaflex failed to curtail the applicant's dependence on opioid such as Norco, the applicant was reportedly using at a rate of four times daily, the treating provider reported on that date. 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 was not medically necessary.

**Ensure #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Medical Food.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd ed., Chronic Pain, pg. 927.

**Decision rationale:** Similarly, the request for Ensure, a vitamin-containing agent, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that vitamins are not recommended in the chronic pain context present here absent evidence of documented deficiencies or other documented nutritional deficits state. Here, however, the treating provider's October 16, 2015 failed to uncover evidence of nutritional deficit states or nutritional deficiencies. Therefore, the request was not medically necessary.