

Case Number:	CM15-0217553		
Date Assigned:	11/09/2015	Date of Injury:	03/19/2007
Decision Date:	12/29/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	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 64-year-old who has filed a claim for chronic elbow and wrist pain reportedly associated with an industrial injury of March 19, 2007. In a Utilization Review report dated October 23, 2015, the claims administrator failed to approve separate requests for Zanaflex and tizanidine. An August 26, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated October 12, 2015, Norco, Zanaflex, and tizanidine were all sought. The treating provider did seemingly make separate requests for both Zanaflex and tizanidine. On a progress note dated August 26, 2015, the applicant reported ongoing issues with chronic elbow, hand, and wrist pain. The applicant was still smoking on a daily basis and had a 30-pack year history of smoking, the treating provider reported. The applicant was on Duragesic, Lidoderm, Lunesta, Lyrica, Norco, Prilosec, Zanaflex, and Promolaxin, the treating provider reported. The applicant was placed off of work, on total temporary disability, for additional 6 weeks. Little-to-no seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg/cap #60: 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): Muscle relaxants (for pain), Introduction.

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 Zanaflex is FDA approved in the treatment of spasticity, can be employed for unlabeled use for low back pain, and is a first-line option in the treatment of myofascial pain syndrome, here, however, the primary operating diagnoses on August 26, 2015 were shoulder impingement syndrome, carpal tunnel syndrome, cervical foraminal stenosis status post cervical spine surgery, carpal tunnel syndrome, lupus depression, de Quervain's syndrome, and elbow epicondylitis. There was, in short, no mention of the applicant's carrying a diagnosis of spasticity, low back pain, or myofascial pain syndrome for which Zanaflex would have been indicated, per page 66 of the MTUS Chronic Pain Medical Treatment Guidelines. 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 was placed off of work, on total temporary disability, on the August 26, 2015 office visit at issue. No seeming discussion of medication efficacy transpired on this date. Ongoing usage of Zanaflex failed to curtail the applicant's dependence on opioid agents such as Duragesic and Norco, the treating provider acknowledged. 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.

Tizanidine 4mg/tab #60: 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 Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Similarly, the request for tizanidine (Zanaflex) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy. Here, however, neither the August 26, 2015 office visit nor the October 12, 2015 RFA form at issue contained any specific rationale as to why the applicant was being given separate prescriptions for tizanidine and Zanaflex. Therefore, the request was not medically necessary.