

Case Number:	CM15-0036614		
Date Assigned:	03/05/2015	Date of Injury:	03/20/2001
Decision Date:	04/15/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/26/2015

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 20, 2001. In a Utilization Review Report dated February 19, 2015, the claims administrator failed to approve a request for tizanidine (Zanaflex). The claims administrator referenced an RFA form on February 9, 2015 and an associated progress note of January 27, 2015, in its determination. The claims administrator noted that the applicant had undergone earlier lumbar spine surgery and earlier right knee total knee arthroplasty surgery, it was incidentally noted. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant reported ongoing complaints of low back pain, highly variable, 3 to 4/10 with medications versus 6 to 7/10 without medications. The applicant was using Norco, Cymbalta, Zanaflex, Elavil, Naprosyn, Indocin, and Tenormin, it was acknowledged. Multiple medications were dispensed. The applicant did not appear to be working with permanent limitations in place. The attending provider stated that the applicant's ability to perform some activities of daily living such as cooking and laundry were reportedly ameliorated through ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #120 2 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 66, 7.

Decision rationale: No, the request for tizanidine (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 management of spasticity and can be employed off label for lower back pain and/or myofascial pain, as were reportedly present here, 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 its choice of recommendations. Here, while the attending provider did recount some reduction in pain scores reportedly affected as a result of ongoing tizanidine (Zanaflex) usage, the attending provider failed, however, to outline any meaningful or material improvements in function effected as a result of the same. The applicant remained off of work. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit. Ongoing usage of tizanidine had failed to curtail the applicant's dependence on opioids agents such as Norco. The attending provider's commentary that the applicant was able to cook and/or perform laundry with her medications is not in and off itself, constitute evidence of a meaningful or material improvement in function effected as a result of the same. The fact that the applicant remains dependent on Norco, coupled with the fact that the attending provider renewed permanent work restrictions, seemingly unchanged, from visit to visit, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine (Zanaflex). Therefore, the request was not medically necessary.