

Case Number:	CM14-0211022		
Date Assigned:	12/23/2014	Date of Injury:	05/21/2012
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/16/2014

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 [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of May 21, 2012. In a Utilization Review Report dated December 2, 2014, the claims administrator approved a request for Senna, denied a request for tizanidine, approved a request for Neurontin, and approved a request for oral ketoprofen. The applicant was reportedly off of work, the claims administrator contended. The UR report was difficult to follow and employed an outlined format as opposed to providing narrative commentary. A November 12, 2014 progress note was referenced in the rationale. The applicant's attorney subsequently appealed. On June 25, 2014, the applicant reported ongoing complaints of neck and low back pain radiating to the left upper and left lower extremity respectively. A 5/10 pain with medications versus 7/10 pain without medications was appreciated. The applicant continued to report difficulty performing activities of daily living as basic as self-care, personal hygiene, ambulating, and sleeping, despite ongoing medication consumption. The applicant was not working, it was acknowledged. The attending provider went on to pursue an epidural steroid injection. The applicant was given renewals of Norco, senna, Naprosyn, and tizanidine. In an emergency department note dated July 2, 2014, the applicant had apparently presented with a flare of back pain. The applicant was reportedly discharged in a stable condition on Valium, Norco, and a Medrol Dosepak. On July 30, 2014, the applicant reported persistent complaints of low back pain with attendant symptoms of constipation, diarrhea, and stomach upset. The applicant also reported ancillary complaints of anxiety and depression. The applicant was having difficulty doing her favorite exercises and

playing sports owing to ongoing pain complaints. Work restrictions were endorsed, although it did not appear that the applicant was working with a rather proscriptive 15-pound lifting limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #90: 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, Tizanidine (Zanaflex) Page(s): 7, 66.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine and Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain as was/is 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 his choice of recommendations. Here, the applicant's work status has not been clearly outlined from visit to visit or work restrictions in place. The applicant was described as having continued difficulty performing activities of daily living as basic as standing and walking, despite ongoing medication consumption. Ongoing usage of tizanidine has failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine (Zanaflex). Therefore, the request was not medically necessary.