

Case Number:	CM15-0010122		
Date Assigned:	01/27/2015	Date of Injury:	03/22/2007
Decision Date:	03/19/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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 injured worker (IW) is a 63 year old female, who sustained an industrial injury on 03/22/2007. She has reported central back pain, low back pain, right knee pain and left leg and calf pain with cramping of the calf muscles. The diagnoses have included history of left shoulder SLAP(Superior Labrum Anterior and Posterior) and rotator cuff repair 2010, chronic low back pain, history of two level lumbar fusion in 2011 from L4-S1, chronic bilateral knee pain, history of TKA in 2009 and 2010 bilaterally, chronic left lower extremity pain history of left leg fasciotomy 2010. Treatment to date has included surgeries, chiropractic care, and medication. Currently, the IW complains of low back pain, left hip pain, and knee pain rated 8/10 to 9/10. On 12/19/2014, a request was made for chiropractic treatments x6 to lumbar, Celebrex 200 mg #30, Percocet 10/325mg #80, Tramadol 50 mg #100, and Zanaflex 4mg #60. On 12/19/2014 Utilization Review non-certified Zanaflex 4mg, #60 noting the here was no documentation of acute low back pain in a patient with chronic low back pain or documentation of benefit obtained from prior use. The MTUS, Chronic Pain Guidelines, Muscle relaxants (for pain) were cited. On 01/16/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS:Tizanidine (Zanaflex, generic available)
Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 66 of 127.

Decision rationale: No, the request for 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 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, however, the attending provider has failed to outline any material or meaningful evidence of functional improvement achieved as a result of ongoing Zanaflex (tizanidine) use. The applicant remains off of work. Work restrictions remained in place, seemingly unchanged, from visit to visit. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on opioid agents such as tramadol. The attending provider's commentary to the effect that the applicant is able to do her dishes and laundry as a result of ongoing medication consumption does not, in and of itself, constitute evidence of meaningful or material evidence of functional improvement as defined by the parameters established in MTUS 9792.20f with ongoing Zanaflex usage. Therefore, the request was not medically necessary.