

Case Number:	CM15-0111709		
Date Assigned:	06/18/2015	Date of Injury:	03/23/2012
Decision Date:	07/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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 represented 59-year-old who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of March 23, 2012. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve a request for Zanaflex and 12 sessions of myofascial release therapy. The claims administrator referenced an April 23, 2015 order form in its determination. The applicant's attorney subsequently appealed. On January 21, 2015, the applicant reported ongoing complaints of mid back pain. Motrin, tizanidine, Pamelor and topical compounded medications were endorsed. 7 to 10/10 pain complaints were noted. Activities of daily living do include bending, lifting, carrying, sitting, and walking remain problematic, the treating provider reported. Towards the bottom of the report, it was stated that the applicant was also using Norco for pain relief. The attending provider stated that the applicant was bedridden without medications. In a May 26, 2015 order form, myofascial release therapy was sought. The applicant was described as unable to return to work "indefinitely," it was stated. In an RFA form dated April 23, 2015, myofascial release therapy and Zanaflex were sought, without much seeming discussion of medication efficacy. In an associated progress note of April 23, 2015, the applicant stated that overall pain complaints were worsened. The applicant acknowledged she was still having difficulty walking. The applicant was on Zanaflex, Pamelor, Voltaren gel, Motrin, Synthroid, and Percocet, it was reported. 12 sessions of myofascial release therapy were ordered on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 66.

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

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 off label for low back pain and 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 efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work, it was reported on May 26, 2015, despite ongoing usage of Zanaflex. The applicant was described as unable to work, "indefinitely" the treating provider reported on that date. Ongoing usage of Zanaflex had likewise failed to curtail the applicant's dependence of opioids agents such as Percocet, it was reported on April 23, 2015. The applicant was having difficulty performing activities of daily living as basic as standing and walking, it was reported on that date. All of foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Zanaflex (tizanidine). Therefore, the request was not medically necessary.

Myofascial Release Therapy evaluation and treatment, 12 sessions, neck Qty 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy; Functional Restoration Approach to Chronic Pain Management Page(s): 60; 8.

Decision rationale: Similarly, the request for myofascial release therapy (AKA massage therapy) was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of myofascial therapy (AKA massage therapy) in and of itself, represents treatment in excess of the four to six visits to which massage therapy should be limited in most cases, per page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. The request, furthermore, was framed as a renewal or extension request for myofascial release therapy. However, page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that that there must be demonstration of functional improvements at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, it was reported on May 26, 2015, despite receipt of earlier unspecified amounts of myofascial therapy over the course of the claim. The applicant remained dependent on various and sundry

analgesic medications, including Percocet, Zanaflex, etc., it was reported on April 23, 2015, again despite receipt of earlier unspecified amounts of myofascial release therapy over the course of the claim. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of myofascial release therapy over the course of the claim. Therefore, the request for 12 additional myofascial release therapy treatments was not medically necessary.