

<b>Case Number:</b>	CM15-0128662		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	03/22/2013
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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 55-year-old who has filed a claim for chronic low back, knee, and shoulder pain reportedly associated with an industrial injury of March 22, 2013. In a Utilization Review report dated June 10, 2015, the claims administrator failed to approve requests for Zanaflex, Sonata, Zofran, and six sessions of chiropractic manipulative therapy for the knee. The claims administrator referenced a May 26, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In an order form dated May 26, 2015, manipulative therapy was ordered for the knee. In an associated progress note of the same date, May 26, 2015, the applicant was placed off of work, on total temporary disability, for six weeks. The note was handwritten, difficult to follow, not entirely legible. 5/10 pain complaints were noted. The applicant presented with low back pain, neck pain, elbow pain, and shoulder pain, it was reported. The applicant was pending a carpal tunnel release surgery on June 16, 2015, it was suggested. The applicant reported issues with fatigue, difficulty sleeping, and anxiety, it was stated in the review of systems section of the note. Zanaflex, Prilosec, Norco, Sonata, and Zofran were endorsed. It was stated that Zofran was being employed for postoperative use purposes. Manipulative therapy was also sought. The attending provider stated that Prilosec had diminished symptoms of GI upset. The attending provider stated that the applicant's medications were beneficial in terms of diminishing the applicant's symptoms from 7-8/10 without medications versus 4/10 with medications. The attending provider also stated that the applicant's ability to perform unspecified activities of daily living was ameliorated as a result of ongoing medication consumption but did not elaborate further.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antispasticity.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

**Decision rationale:** No, the request for Zanaflex (tizanidine) 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, 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 efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, despite ongoing Zanaflex usage, as noted above. Ongoing usage of Zanaflex failed to curtail the applicant's dependence on opioid agents such as Norco. The attending provider failed to outline specific improvements in function achieved as a result of ongoing Zanaflex usage (if any). All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of tizanidine (Zanaflex). Therefore, the request was not medically necessary.

**Sonata 10mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment, Zaleplon (Sonata®).

**Decision rationale:** Similarly, the request for Sonata, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Chronic Pain Chapter Insomnia Treatment topic notes that Sonata is indicated for short-term use purposes on the order of 7-10 days, with controlled trial showing effectiveness up to five weeks. Here, the request was framed as a renewal or extension request for Sonata. Thus, the request, in effect, represented treatment beyond ODG parameters. The attending provider's handwritten progress note of May 26, 2015, however, was difficult to follow, thinly developed, not altogether legible, and failed to furnish a clear or compelling rationale for continued usage of Sonata beyond ODG parameters. Therefore, the request was not medically necessary.

**Zofran ODT 8mg #10: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, anti-emetics (for opioid nausea).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation U.S. Food and Drug Administration Ondansetron is used to prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery.

**Decision rationale:** Conversely, the request for ondansetron (Zofran) was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, the attending provider did state that a limited, 10-tablet supply of ondansetron (Zofran) had been prescribed for postoperative use purposes, following planned carpal tunnel release surgery. The Food and Drug Administration (FDA) does acknowledge that Zofran is indicated to prevent nausea and vomiting caused by surgery, as was scheduled here. Therefore, the request was medically necessary.

**Chiropractic CMT with rehabilitative exercise; 6 visits left knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** Finally, the request for six sessions of chiropractic manipulative therapy for the knee was not medically necessary, medically appropriate, or indicated here. As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, manual therapy or manipulation are deemed "not recommended" for issues and/or diagnoses involving the knee, as were present here. The attending provider's handwritten progress note of May 26, 2015 was difficult to follow, handwritten, thinly developed, sparse, not entirely legible, did not furnish a clear or compelling rationale for manipulative therapy for a body part for which it is not recommended, per page 58 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.