MAXIMUS Federal Services

Case Number:	CM15-0028169		
Date Assigned:	02/20/2015	Date of Injury:	12/15/2008
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/13/2015

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 48-year-old [redacted] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of December 15, 2008. In a Utilization Review Report dated January 26, 2015, the claims administrator denied request for Zanaflex and home health services. Norco, however, was approved. The claims administrator referenced a January 6, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated January 6, 2015, the applicant reported ongoing complaints of low back pain. The applicant also reported heightened complaints of psychological stress. The attending provider stated that the applicant needed help obtaining transportation to and from work, assistance with grocery shopping, assistance with cooking, and assistance with performance of household chores. A home health aide for this purpose was proposed. The attending provider suggested discontinuing Robaxin and Norco while restarting or resuming Zanaflex. The applicant's primary operating diagnosis was that of chronic low back pain, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2 mg, 1-2 PO TID PRN #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

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: Yes, the request for Zanaflex, an antispasmodic medication, was medically necessary, medically appropriate, or indicated here. As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed for unlabeled use for low back pain, as was/is present here on or around the date in question, January 6, 2015. On that date, the treating provider seemingly suggested that he was discontinuing Robaxin and Norco in favor of tizanidine. Introduction of tizanidine was, thus, indicated on or around the date in question. Therefore, the request was medically necessary.

Home health care assistance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 51 of 127.

Decision rationale: Conversely, the request for home health assistance was not medically necessary, medically appropriate, or indicated here. As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services are recommended only to deliver otherwise recommended medical treatment to applicants who are homebound. Here, however, the applicant was not homebound. The applicant was working as of the date of the request, January 6, 2015. The attending provider stated that he was, furthermore, seeking assistance in terms of grocery shopping, cooking, and other household chores. These requests were framed as matters of applicant convenience as opposed to matters of medical necessity. Page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, furthermore, states that such services do not represent medical treatment. Therefore, the request was not medically necessary.