MAXIMUS Federal Services

Case Number:	CM15-0069647		
Date Assigned:	04/17/2015	Date of Injury:	05/22/2002
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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 61-year-old who has filed a claim for chronic low back, neck and hand pain reportedly associated with an industrial injury on May 22, 2002. In a Utilization Review report dated March 26, 2015, the claims administrator failed to approve a request for Tizanidine and partially approved a request for cervical and lumbar epidural steroid injections as one lumbar epidural steroid injection alone. The claims administrator referenced a March 17, 2015 progress note and March 19, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On March 17, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was described as status post earlier multilevel cervical fusion surgery. The applicant did have residual left lower extremity radicular pain complaints; it was suggested in one section of the note. The applicant's low back pain was the primary pain generator at this point. The applicant was using Motrin and Vicodin for pain relief it was reported. Gripping, grasping, lifting, bending, stooping, and squatting remained problematic, the treating provider reported. The applicant was asked to pursue multiple epidural steroid injections in both the cervical and lumbar spine regions. The applicant was seemingly asked to pursue multiple epidural steroid injections of the cervical and lumbar spine region. Physical therapy was also proposed. The applicant's work status was not furnished, although it did not appear that the applicant was working. On February 12, 2015, the applicant again reported ongoing complaints of neck and low back pain. The applicant's medication list included Motrin and Vicodin it was reported. There was no mention made of Tizanidine on this occasion. MRI studies of the

cervical and lumbar spines were endorsed. In a March 19, 2015 RFA form, Neurontin, Motrin, and Tizanidine were endorsed. It was not clearly established whether these requests were first-time requests or renewal requests. On January 16, 2015, the applicant was given prescriptions for Neurontin, Motrin, and Tizanidine. Ongoing complaints of neck and low back pain were reported. The applicant had had previous epidural steroid injections it was acknowledged. The applicant was disabled, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg, sixty count with three refills: Upheld

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

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

Decision rationale: No, the request for 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 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 applicant was off of work, despite ongoing usage of Tizanidine. Ongoing usage of Tizanidine has failed to curtail the applicant's dependence on opioid agents such as Hydrocodone-acetaminophen. Activities of daily living as basic as gripping, grasping, lifting, carrying, bending, stooping, and squatting remained problematic it was reported at various points in time, including on January 16, 2015 and on March 17, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Tizanidine. Therefore, the request is not medically necessary.

One referral for cervical and lumbar epidural injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Similarly, the request for a referral for cervical and lumbar epidural injections was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement from earlier blocks. Here, the request in question seemingly represents request for multiple cervical and lumbar epidural steroid injections with no proviso to reevaluate the

applicant between blocks so as to ensure favorable response to the same before moving forward with the repeat blocks. It is further noted that the applicant appears to have had prior cervical and lumbar epidural steroid injections the treating provider reported on January 16, 2015. The applicant had, however, failed to respond to the same. The applicant was remained off of work. The applicant was receiving Worker's Compensation indemnity benefits and Disability Insurance benefits the treating provider acknowledged. The applicant remained dependent on a variety of medications, including Motrin, Tizanidine, Norco, Hydrocodone-acetaminophen, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier epidural steroid injections in unspecified amounts over the course of the claim. Therefore, the request was not medically necessary.