

Case Number:	CM15-0069999		
Date Assigned:	04/17/2015	Date of Injury:	03/12/2010
Decision Date:	05/21/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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 50-year-old who has filed a claim for chronic low back pain, neck pain, ankle pain, and elbow pain reportedly associated with an industrial injury of March 12, 2010. In a Utilization Review report dated March 31, 2015, the claims administrator failed to approve a request for Zanaflex. The claims administrator did however, approve foot orthotics. The claims administrator referenced a March 9, 2015 progress note and associated RFA form of the same date in its determination. Non-MTUS ODG Guidelines were invoked to approve the request for orthotics, despite the fact that the MTUS addresses the topic. The applicant's attorney subsequently appealed. In a RFA form dated March 10, 2015, Norco, naproxen, Zanaflex, Remeron, and foot orthotics were proposed. In an associated progress note of the same date, March 10, 2015, the applicant was given a rather proscriptive 5-pound lifting limitation, effectively resulting in the applicant's removal from the workplace. The applicant was status post earlier lumbar epidural steroid injection therapy. Residual complaints of low back and foot pain were reported. The applicant was asked to renew and/or continue Zanaflex, Norco, naproxen, and Remeron. The note comprised, in large part, pre-printed checkboxes. Little-to-no discussion of medication efficacy transpired. In an earlier note dated January 14, 2015, the attending provider acknowledged that the applicant was in fact off of work, on total temporary disability, following imposition of the same, unchanged 5-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg one to two (1-2) po tid prn #120: Upheld

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

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 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, on total temporary disability, despite ongoing tizanidine (Zanaflex) usage. The same, unchanged, extremely proscriptive 5-pound lifting limitation was renewed, unchanged, from visit to visit, despite ongoing usage of tizanidine (Zanaflex). Ongoing usage of tizanidine failed to curtail the applicant's dependence on opioid agents such as Norco. 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 was not medically necessary.