

Case Number:	CM15-0094024		
Date Assigned:	05/20/2015	Date of Injury:	07/07/2005
Decision Date:	06/26/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/15/2015

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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 7, 2005. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve a request for tizanidine (Zanaflex). The claims administrator referenced a RFA form dated April 10, 2015 and progress notes of March 20, 2015 and January 9, 2015 in its determination. The applicant's attorney subsequently appealed. On February 12, 2015, the applicant reported multifocal complaints of neck, low back, shoulder, wrist, knee, and foot pain with derivative complaints of insomnia. Several topical compounded medications were endorsed. In a handwritten note dated April 16, 2015, the applicant was asked to employ Butrans, seemingly for chronic pain concerns. Massage chair, traction device, and scooter were sought, along with an orthopedic consultation for neck and back pain. The applicant's complete medication list was not detailed, although the applicant was apparently given prescriptions for Xanax, Lexapro, and Valium. In handwritten RFA forms dated April 10, 2015, tizanidine, Valium, AndroGel, Lexapro, Tigan, losartan, and metformin were prescribed. In a January 9, 2015 progress note, it was acknowledged that the applicant had been deemed "permanently disabled."

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, two (2) times per day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Tizanidine (Zanaflex).

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

Decision rationale: No, the request for tizanidine (Zanaflex) 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 was off work and had been deemed permanently disabled, the treating provider reported on January 9, 2015. Ongoing usage of tizanidine failed to curtail the applicant's dependence on numerous other analgesic medications, including several topical compounded agents and opioid agents such as Butrans. The applicant was apparently significantly immobile; it was suggested on April 16, 2015. The applicant was apparently using or trying to use a motorized scooter to move about on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.