

<b>Case Number:</b>	CM15-0095757		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	10/14/2004
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	04/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2015

### 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 43-year-old who has filed a claim for chronic low back and shoulder pain with derivative complaints of anxiety, depression, and insomnia reportedly associated with an industrial injury of October 14, 2004. In a Utilization Review report dated March 19, 2015, the claims administrator failed to approve a request for Zanaflex (tizanidine). A RFA form received on March 27, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On March 26, 2015, the applicant reported ongoing complaints of low back pain status post three prior failed spine surgeries, it was stated. The applicant stated that he would be bedbound without his medications. Highly variable 4-7/10 pain complaints were noted. Derivative complaints of anxiety and depression were noted. The attending provider then stated, in another section of the note, the applicant was able to dress himself and prepare his own meals and bathe himself with his medications. In another section of the note, it was stated that the applicant's fiancée was assisting with bathing, laundry, and housekeeping. Oxycodone, OxyContin, Zanaflex, and simethicone were renewed, as were the applicant's permanent work restrictions. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. Derivative complaints of depression, anxiety, and insomnia were reported. The applicant then stated, in another section of the note, that his pain complaints were constant and severe.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex (Tizanidine) 2mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs; Tizanidine (Zanaflex).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 7, 66.

**Decision rationale:** 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 recommendations 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 did not appear to be working following imposition of permanent work restrictions, it was suggested (but not clearly stated) on March 26, 2015. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. The applicant's pain complaints were constant and severe; it was reported March 26, 2015. The attending provider's commentary to the effect that the applicant would be bedridden without his medications did not constitute evidence of a meaningful, material, and/or significant improvement in function effected as a result of ongoing tizanidine usage. The fact that the applicant was dependent on his fiancée to perform housekeeping, laundry, and bathing did not make a compelling case for continuation of tizanidine (Zanaflex) usage. Ongoing usage of tizanidine (Zanaflex) failed to curtail the applicant's dependence on opioid agents such as OxyContin and oxycodone. 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.