

Case Number:	CM15-0096468		
Date Assigned:	05/26/2015	Date of Injury:	07/18/2011
Decision Date:	07/01/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/19/2015

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 49-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 8, 2011. In a Utilization Review report dated April 28, 2015, the claims administrator failed to approve a request for tizanidine. A RFA form received on April 17, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a RFA form dated April 17, 2015, Norco, tizanidine, and an orthopedic surgery evaluation were sought. In an associated progress note dated April 14, 2015, difficult to follow, handwritten, not entirely legible, the applicant reported ongoing complaints of knee pain exacerbated by walking. The applicant's work status was not detailed, although it did not appear that the applicant was working. The applicant's complete medication list, it was incidentally noted, included Norco, Norvasc, tizanidine, Coreg, and losartan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, #90, 1 three times a day as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

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

Decision rationale: No, the request for tizanidine, an antispasmodic medication, 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 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's work status was not clearly outlined on the April 14, 2015 progress note at issue. It did not appear, however, that the applicant was working. The applicant's continued dependence on Norco and continued complaints of difficulty performing activities of daily living as basic as standing and walking, taken together, coupled with the attending provider's failure to document the applicant's work status, 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.