MAXIMUS Federal Services

Case Number:	CM15-0098143		
Date Assigned:	05/29/2015	Date of Injury:	09/16/2010
Decision Date:	07/07/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/21/2015

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 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 16, 2010. In a Utilization Review report dated May 9, 2015, the claims administrator failed to approve a request for Zanaflex (tizanidine). Progress notes of March 17, 2015 and April 14, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On September 17, 2014, the applicant was given refills of Celebrex, BuTrans, Norco, and Zanaflex. Additional chiropractic manipulative therapy was sought for ongoing complaints of low back pain. Permanent work restrictions were renewed. It was suggested in one section of the note that the applicant was working full time. The note was, however, quite difficult to follow as it mingled historical issues with current issues. On March d17, 2015, the applicant reported ongoing complaints of low back pain radiating into the right leg, highly variable, as high as 7-8/10. The attending provider stated that the applicant was deriving a 40% reduction in pain scores from ongoing medication consumption. The attending provider stated that the applicant's medications, chiropractic manipulative therapy, massage therapy, epidural injections, and topical compounds had resulted in the applicant's maintaining gainful employment. The applicant medications include Norvasc, BuTrans, Celebrex, Crestor, Norco, and Zanaflex, it was reported. The attending provider also stated that the applicant's pain complaints were predominantly myofascial in nature. BuTrans, Celebrex, Norco, and Zanaflex were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg for the lumbar spine, 1 by mouth twice a day as needed #60 with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

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

Decision rationale: Yes, the request for tizanidine (Zanaflex) is medically necessary, medically appropriate, and indicated here. As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain and is also considered a first-line option to treat myofascial pain. Here, the applicant did have ongoing complaints of low back pain, which were thought to be myofascial in nature, the treating provider wrote on March 17, 2015. Ongoing usage of Zanaflex (tizanidine) had reportedly attenuated the applicant's pain complaints by 40% and had facilitated the applicant's return to full-time work, the treating provider reported on March 17, 2015. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.