
Notice of Independent Medical Review Determination

Dated: 10/15/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/23/2013
Date of Injury:	4/21/2010
IMR Application Received:	7/24/2013
MAXIMUS Case Number:	CM13-0003155

- 1) MAXIMUS Federal Services, Inc. has determined the request for Tizanidine 4mg # 60 is medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/24/2013 disputing the Utilization Review Denial dated 7/23/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/29/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Tizanidine 4mg # 60 **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 23, 2013.

“Review of the medical documentation identifies the patient sustained an industrial injury 04/21/10. The patient has been under the care of treating physician for lumbar facet joint pain, lumbar facet joint arthropathy, lumbar disc bulge, lumbar stenosis, lumbar sprain/strain, cervical facet joint pain, cervical facet joint arthropathy, cervical disc bulge, central stenosis, cervical sprain/strain, right shoulder internal derangement, right shoulder surgery. The note dated 06/11/13 indicates the patient was taking Tramadol, Tizanidine, and naproxen as current medications. No spasms are documented. The most recent evaluation is dated 07/09/13, and is provided for review. He presented with complaints of bilateral low back pain radiating to the buttocks, right worse than left. He also reports right shoulder pain, neck pain, and interscapular pain. Physical examination revealed tenderness to palpation at the lumbar paraspinal muscles overlying bilateral L3-S1 facet joints and cervical paraspinal muscles overlying bilateral C5-T1 facet joints. There is tenderness to palpation of the right deltoid, Right shoulder, lumbar and cervical ranges of motion were restricted by pain in all directions. Lumbar and cervical extension was worse than flexion. Lumbar and cervical facet joint provocative maneuvers were positive. SI provocative maneuvers, pressure at the sacral sulcus, was positive on the right. Nerve root tension signs were negative. Strength is 5/5 in all limbs.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (dated 7/24/2013)
- Utilization Review Determination from [REDACTED] (dated 7/23/13)
- Employee medical records from Claims Administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for Tizanidine 4mg # 60:**Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, (2009), Muscle Relaxants Section, pages 63-66, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 4/21/2010. The employee has been treated for lumbar facet joint pain, lumbar facet joint arthropathy, lumbar disc bulge, lumbar stenosis, lumbar sprain/strain, cervical facet joint pain, cervical facet joint arthropathy, cervical disc bulge, central stenosis, cervical sprain/strain, right shoulder internal derangement, and is status post right shoulder surgery. Per a medical note dated 6/11/2013, the employee's medications included Tramadol, Tizanidine, and naproxen. Examination on 7/9/2013 revealed tenderness to palpation at the lumbar paraspinal muscles overlying bilateral L3-S1 facet joints and cervical paraspinal muscles overlying bilateral C5-T1 facet joints. A request was submitted for Tizanidine 4mg # 60.

The Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and is unlabeled for use in low back pain. The guidelines note the medication may also provide benefit as an adjunct treatment for fibromyalgia. The records submitted and reviewed describe discomfort and pain that could be consistent with spasms. In addition, the duration of the employee's complaint does warrant a trial of a centrally acting alpha 2 adrenergic receptor binder. The request for Tizanidine 4mg # 60 is medically necessary and appropriate.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
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/sab

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.