

Case Number:	CM13-0008526		
Date Assigned:	12/18/2013	Date of Injury:	08/21/2001
Decision Date:	03/04/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture and Pain 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 41-year-old injured worker with date of injury 8/21/01 with related back pain. He is diagnosed with status post pro disc implantation L5-S1 (2002); status post rhizotomy; chronic low back pain, on opioid maintenance; status post posterior spinal fusion, L5-S1 (2006); status post permanent implantation spinal cord stimulator 10/2010; moderate 6mm disc herniation L2-L3. The stimulator helps with leg pain but the LBP is still an issue. He has been unable to sleep in a bed since 11/2007. As of 8/2013 he was awaiting authorization for intrathecal pain pump. Discogram 5/7/12 was negative at L2-L3, L3-L4, L4-L5. His history of previous treatment includes physical therapy (no relief), chiropractic (helped relieve pain), acupuncture (temporary relief), injection therapy (caudal epidural injection 10/6/10, hardware block bilateral L5-S1 1/12/12), surgeries (disc implant, fusion, stim implant), and medications. The date of UR decision was 7/18/13. The latest available medical document was dated 11/7/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizandine 6 mg #90/30, with six refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodic Section Page(s): s 63, 66.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia." According to MTUS "Muscle relaxants (for pain) Recommended non-sedating muscle relaxants with caution as second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." The request for Tizandine 6 mg #90/30, with six refills, is not medically necessary or appropriate.