

Case Number:	CM13-0013509		
Date Assigned:	09/20/2013	Date of Injury:	06/25/2002
Decision Date:	02/21/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/19/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 is a male patient with a date of injury of 6/25/02. A progress report dated 7/24/13 identifies subjective complaints including pain in the back radiating to the lower extremities. Objective examination findings identify tender lumbar paraspinals with spasm and guarding. ROM is limited by pain. Vitamin B-12 complex and Toradol injections were performed. Diagnoses include chronic pain syndrome, L3-S1 disc injury, L5-S1 spondylolisthesis, morbid obesity s/p gastric bypass surgery complicated by infection, adjustment disorder with anxiety and depressed mood, impotence, GERD, IBS, and dental problems. Treatment plan recommends a functional restoration program, tizanidine, hydrocodone/APAP, tramadol ER, and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

Decision rationale: Regarding the request for tizanidine, California MTUS support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term

treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine is not medically necessary.