

Case Number:	CM13-0015996		
Date Assigned:	12/27/2013	Date of Injury:	02/24/2012
Decision Date:	04/10/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Occupational 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 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:

The applicant has filed a claim for chronic neck and low back pain associated with an industrial injury of February 24, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; muscle relaxant; unspecified amounts of chiropractic manipulative therapy; topical compounds; unspecified amounts of acupuncture; and the apparent imposition of permanent work restrictions. The applicant does not appear to be working with said permanent limitations in place, however. In an applicant questionnaire of November 27, 2013, the applicant acknowledges that he is not working. In a clinical progress note of November 27, 2013, the applicant presents with neck, back, upper extremity, lower extremity pain, collectively rated at 8/10. The applicant is on Naprosyn, Norco, Flexeril, and Prilosec. The applicant states that these medications diminished the applicant's pain from 8/10 to 5-6/10. The applicant denies any side effects associated with the same. 4+/5 upper and lower extremity strength is noted. Medications are refilled. Permanent work restrictions are endorsed, although the applicant does not appear to be working. On an earlier note of October 16, 2013, the attending provider again renewed prescriptions for Naprosyn, Flexeril, Norco, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7 and 66.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does note that Tizanidine or Zanaflex is FDA approved in management of spasticity and can be employed off-label to treat low back pain. In this case, however, the attending provider does not refer or allude to the applicant's using Tizanidine on any recent progress note provided. In fact, the applicant appears to be using another muscle relaxant medication, Cyclobenzaprine or Flexeril. No rationale for usage of two separate muscle relaxants. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, the attending provider should tailor medications and dosages to the applicant taking into consideration variables such as comorbidities and other medications. In this case, the attending provider has not proffered any rationale for usage of Tizanidine and has not clearly stated why the applicant should use both Tizanidine and Cyclobenzaprine concurrently. Accordingly, the request is not certified, on Independent Medical Review.