

Case Number:	CM13-0016158		
Date Assigned:	12/11/2013	Date of Injury:	03/17/2010
Decision Date:	01/31/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/26/2013

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 and is licensed to practice in Texas. 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:

The patient is a 54-year-old male who reported an injury on 03/17/2010. The patient is currently diagnosed with lumbar spondylosis, degenerative grade I anterolisthesis, bilateral knee pain likely osteoarthritis, status post right knee surgery 2 years ago, and right hip pain. The patient was recently seen by [REDACTED] on 08/22/2013. The patient reported complaints of low back pain as well as pain in bilateral hips and knees. The physical examination revealed 5/5 motor strength and bilateral lower extremities with intact sensation and 2+ reflexes, tenderness on the posterior superior iliac space, normal range of motion of the lumbar spine, crepitation with range of motion of bilateral knees, and tenderness to palpation of the posterior aspect of the right hip with painful external rotation. The treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg 1 tablet bid for muscle relaxation: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbation in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Tizanidine is a centrally acting alpha 2 adrenergic agonist that is FDA approved for management of spasticity and unlabeled for low back pain. As per the clinical notes submitted, the patient does not demonstrate palpable muscle spasm or muscle tension upon physical examination. There is no documentation of a significant musculoskeletal or neurological deficit. Despite the ongoing use, the patient continues to report low back pain, bilateral hip pain, and bilateral knee pain. There is no evidence of a failure to respond to first line treatment prior to the initiation of a second line muscle relaxant. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.