MAXIMUS Federal Services

Case Number:	CM13-0019593		
Date Assigned:	06/09/2014	Date of Injury:	02/13/2006
Decision Date:	08/05/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/03/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 50-year-old male who reported an injury on 02/13/2006. The mechanism of injury was repetitive motion during work. The clinical note dated 08/08/2013, noted the injured worker complained of cervical, lower back and bilateral leg pain. Additionally, he complained of tightness and spasms in the neck and shoulders. The physical examination noted the injured worker's gait was improved since surgery and he was using a walker for balance. The injured worker had sensory/motor deficits in lower extremities. The injured worker's diagnoses included post cervical fusion and cervical myelopathy. Within the documentation submitted for review, previous treatments were noted to include 12 sessions of aquatic therapy and medications. The documentation provided noted the injured worker's medication regimen included Cymbalta 60 mg, Valium 5 mg, Lunesta 3 mg, Oxycontin 40 mg, Lyrica 75 mg, and Tizanidine 4 mg. The provider's request was for Tizanidine 4 mg #90. The provider recommended the medication for muscle spasms.

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

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

Decision rationale: The injured worker has a history of chronic low back, neck, and bilateral leg pain. The California MTUS Guidelines recommend non-sedating muscle relaxants such as tizanidine with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (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. As the guidelines state that efficacy appears to diminish over time, the documentation submitted for review indicated long-term use of tizanidine. There is a lack of documentation to support continued symptomatic relief for continual usage. In addition, there is a lack of documentation to indicate weaning the injured worker off the medication for long-term usage was the intended treatment plan, as the guidelines state muscle relaxants are recommended for short-term treatment; and some medications in this class may lead to dependence. The guidelines further state that side effects of tizanidine include dizziness and weakness. The documentation submitted for review indicated the injured worker is at high risk for falls, as noted by previous documented incidences. There is a lack of documentation to support benefits of the medication to warrant continual usage. In addition, the submitted request did not include the frequency at which the medication is to be given. Therefore, Tizanidine 4 mg # 90 is not medically necessary.