

Case Number:	CM13-0030340		
Date Assigned:	01/10/2014	Date of Injury:	09/25/2008
Decision Date:	06/04/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/30/2013

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 Family Practice and 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 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 patient is 51 year old male claimant sustained a work injury on 9/25/09 involving the left lower extremity and low back. He had a diagnosis of cauda equine syndrome and had a resulting left foot drop. Since at least February 2013, he had been taking Tizanidine (muscle relaxant) and Gabapentin at which time he noted the Gabapentin had not been working and made him drowsy. His symptoms at the time included numbness in the left posterior lateral dermatomes and 6/10 pain. He had also been on Diclofenac for pain and Docusate for constipation. The above medications were continued. His exam report on 5/21/13 stated the exact same lack of effectiveness of Gabapentin. His pain was 7/10. Abdominal exam and quality of bowel movements were not mentioned again. On 7/10/13 the subjective issues with Gabapentin were unchanged. Response to Tizanidine was not noted nor was bowel function. All medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 2MG #45 WITH 5 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 64-66.

Decision rationale: According to the MTUS guidelines, Tizanidine (Zanaflex®[®], generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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 NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. In this case, the claimant had taken Tizanidine for several months with NSAIDs. There was no improvement in pain or function. There was also no titration of the medication to adjust for symptoms. The documentation did not specify exam findings and clinical response. The request for Tizanidine 2mg # 45 with 5 refills is not medically necessary and appropriate.