

Case Number:	CM13-0033129		
Date Assigned:	01/03/2014	Date of Injury:	12/03/2001
Decision Date:	04/04/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 a 44-year-old female who reported an injury on 12/03/2001. The mechanism of injury was not provided. The patient's diagnoses were noted to be mechanical comp nervous system device implant and graft, tendonitis of the left hand and right wrist, history of bilateral carpal tunnel release, cervical radiculopathy, and degeneration of the cervical intervertebral disc. The patient's medication history included Tizanidine and Omeprazole as of 12/07/2012 and Protonix and Adderall as of 11/09/2012. The patient was noted to be in the office for a medication refill. The patient reported pain without medications was 10/10 and with medications 4/10 to 5/10. It was indicated the medications were prescribed to keep the patient functional and allow for increased mobility and tolerance of activities of daily living and home exercises. There were noted to be no side effects except for constipation. The patient's current medications were noted to be Omeprazole, Senna 8.6-50, Diclofenac Sodium CR, Protonix 40 mg, Adderall 20 mg, OxyContin 60 mg, and Kadian 200 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TIZANIDINE HCL 4MG, #135 1-2 BY MOUTH EVERY 12 HOURS AS NEEDED FOR SPASM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: California MTUS Guidelines indicate muscle relaxants are prescribed as a second-line option for short-term treatment of exacerbations of acute low back pain. The treatment recommendation is for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the patient had been taking the medication since 12/07/2012. It was indicated the medications were prescribed to keep the patient functional and allow for increased mobility and tolerance of activities of daily living and home exercises. However, there was lack of documentation of objective functional improvement with the medication. There was a lack of documented necessity for long term treatment. Additionally, there was lack of documentation indicating the patient had necessity for 135 tablets as needed for spasms. The physical examination failed to indicate the patient had muscle spasms. Given the above, the request for prescription of Tizanidine hcl 4mg, #135 1-2 by mouth every 12 hours as needed for spasm is not medically necessary.