

Case Number:	CM13-0039179		
Date Assigned:	03/21/2014	Date of Injury:	07/25/2000
Decision Date:	05/07/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/03/2013

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 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 patient is a 63year old female who was injured on 07/25/200. The mechanism of injury is unknown. Current Medications: Losartan, Levothyroxine, Vitamin D, aspirin, Fenofibrate, Omega, multivitamin, Medrox lotion, Naproxen, Tizanidine. Prior Medications : Diovan, Synthroid, Zetia, Endocet, Ultram, Darvocet, Celebrex. PR-2 dated 09/03/2013 documented the patient to have complaints of right low back pain. Exacerbating factors are prolonged sitting, prolonged standing, lifting and sneezing. Mitigating factors are lying down on back, stretching, using lumbar support and electrical stems unit.. Objective findings on exam included examination of the lumbar spine revealing tenderness upon palpation of the lumbar paraspinal muscles overlying right L3-S1 facet joints. There is full and painless range of motion in all limbs without instability. Lumbar ranges of motion were restricted by pain in all directions. Lumbar discogenic provocative maneuvers, including pelvic rock and sustained hip flexion, were negative bilaterally. Sacroiliac provocative maneuvers, including Gaenslen's, Patrick's maneuver, SI compression, iliac gapping, Yeoman's and shear were negative bilaterally. Pressure at the sacral sulcus was positive on the right. Nerve root tension signs, including straight leg raise, cross straight leg raise, reverse straight leg raise, sitting root, Lasague's and Bragard's were negative bilaterally. Muscle stretch reflexes are 1 and symmetric bilaterally in all limbs. Clonus, Babinski's and Hoffman's signs are absent bilaterally. Muscle strength is 5/5 in all limbs. Diagnoses: 1. Right lumbar facet joint pain 2. Lumbar facet joint arthropathy 3. Degenerative disc disease 4. Small L2-L3 disc bulge 5. Lumbar strain/sprain 6. Treatment Plan: I appeal the denial of the patient's fluoroscopically guided diagnostic right L4-L5 and right L5-S1 medial branch block. This injection can be scheduled within one week of authorization. The risks and benefits of the injection were discussed in detail with the patient. The patient would like to proceed. The patient was given her industrially related medication Naproxen 550 mg. The patient

was provided with a prescription for her industrially related medication Tizanidine. Follow up visit in 4 weeks to reassess. PR-2 dated 10/01/2013 documented that the patient continues to have some back pain and right buttock pain. She has lost some weight. The patient has tried Lidoderm patch which does seem to help. Medrox lotion also gives her significant relief. Objective findings on exam reveals there is tenderness and mild to moderate tightness in the paraspinal muscles of the lumbar spine. Forward flexion is 75 degrees, extension is 10 degrees, right and left side bending is 10 degrees. There is no focal weakness or numbness. Diagnosis: Chronic low back pain Treatment Plan: Refill Medrox lotion prescription as well as the Lidoderm patches. She will request instructions for home exercises from the pain management position.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG 1 TAB P.O.Q.D BID PRN SPASMS #60, 0 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, updated 6/7/2013

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

Decision rationale: Muscle relaxants are recommended as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, which the patient suffers. In this case, the patient appears to be taking Tizanidine on a chronic basis. There does not appear to be an acute exacerbation. Muscle relaxants seem to provide no additional benefit over NSAIDs alone or in combination with NSAIDs. The patient is taking Naproxen. The effect of muscle relaxants appears to diminish over time, and dependency is a concern. Therefore, Tizanidine is non-certified.