

Case Number:	CM13-0048232		
Date Assigned:	12/27/2013	Date of Injury:	05/22/2011
Decision Date:	03/06/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

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 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 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:

Thus far, the applicant has been treated with the following: Analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; multiple medial branch blocks and radiofrequency ablation procedures; and a prior lumbar laminectomy at L4-L5. He is seen biannually and he receives his medications very infrequently. He is reportedly doing well. He is working full time. The applicant's BMI is 29, it is noted. Decreased lumbar range of motion is noted secondary to a paraspinal muscle pain and with somewhat antalgic gait. The applicant does have pain while transferring. The applicant is reportedly employed full time. An earlier note of April 9, 2013, is notable for comments that the applicant is reporting appropriate analgesia with the pain medications that he is currently on.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2 mg #60: Overturned

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 Page(s): 66.

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, Tizanidine or Zanaflex is FDA approved for management of spasticity and is endorsed for unlabeled usage in the treatment of chronic low back pain, as is present here. In this case, as with the other medications, the applicant has evinced functional improvement through prior usage of the same. The applicant has returned to regular work, is maintaining regular duty work status, and does report appropriate analgesia as a result of prior medication usage. Continuing Tizanidine for off-label purposes in the treatment of the applicant's chronic low back pain is therefore indicated and appropriate. Accordingly, the original utilization review decision is overturned.