MAXIMUS Federal Services

Case Number:	CM13-0059143		
Date Assigned:	12/30/2013	Date of Injury:	04/13/2004
Decision Date:	09/30/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/25/2013

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 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:

Patient is a 72-year-old female who has submitted a claim for lumbar herniated nucleus pulposus, left hip arthrosis, lumbar disc protrusion, lumbar radiculopathy, left knee pain, and status post lumbar hardware fusion and subsequent removal associated with an industrial injury date of 4/13/2004. Medical records from 2007 to 2013 were reviewed. Patient complained of low back pain radiating to bilateral lower extremities, right worse than left. Physical examination of the lumbar spine showed tenderness, muscle guarding, and significant restriction in motion. Urine drug screen from 9/5/2013 showed positive levels for hydrocodone. Treatment to date has included transforaminal cannulation of lumbar epidural space in 2007, lumbar fusion and subsequent removal in 2009, acupuncture, physical therapy, and medications such as tizanidine, hydrocodone, omeprazole, and topical creams (since February 2013).Utilization review from 11/4/2013 denied the request for tizanidine 4 mg, #90 because long-term use of muscle relaxant was not recommended and there was no indication of an acute exacerbation of the chronic condition to warrant such.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on tizanidine since February 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Moreover, the most recent physical examination failed to show evidence of muscle spasm. Long-term use was likewise not recommended. Therefore, the request for Tizanidine 4mg, #90 is not medically necessary.