

Case Number:	CM13-0060407		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2006
Decision Date:	04/10/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/03/2013

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 Internal Medicine, 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 51-year-old male who reported an injury on 11/01/2006. The mechanism of injury was not specifically stated. The patient is currently diagnosed with L2-5 and L5-S1 disc protrusion, status post posterior lumbar interbody fusion in 2010, T12-L1 disc herniation with spinal stenosis, and lumbar radiculopathy. The patient was seen by [REDACTED] on 10/23/2013. The patient reported persistent lower back pain with radiation and weakness to the left lower extremity. Physical examination revealed palpable muscle spasm, an antalgic gait, numbness and tingling in the left L5-S1 dermatome, positive straight leg raising, and weakness in the left foot. Treatment recommendations included continuation of current medications, including gabapentin, Norco, Tizanidine, cyclobenzaprine, and Restone.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TIZANIDINE 4MG #60: Upheld

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

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the documentation submitted, the patient's physical examination does reveal palpable muscle spasm in the thoracic spine. However, the medical necessity for 2 separate muscle relaxants has not been established. Additionally, guidelines do not recommend long-term use of this medication. The request for prescription of Tizanidine 4mg # 60 is not medically necessary and appropriate.