

Case Number:	CM13-0062843		
Date Assigned:	12/30/2013	Date of Injury:	12/12/2012
Decision Date:	03/28/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/09/2013

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 12, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; x-rays of the lumbar spine of December 17, 2012, notable for narrowing of the L5-S1 disk space; muscle relaxants; and extensive periods of time off of work, on total temporary disability. In a utilization review report of December 4, 2013, the claims administrator denied a request for Tizanidine. The applicant's attorney subsequently appealed. In an October 21, 2013 progress note, the applicant is described as having comorbid diabetes at age 34. The applicant presents with persistent low back pain. The applicant's BMI is 41. The applicant was on Tizanidine and insulin. The applicant was asked to pursue a rehabilitation program while employing Motrin and Tizanidine for pain relief. The applicant was placed off of work, on total temporary disability. An earlier note of September 17, 2013 is again notable for comments that the applicant is off of work, on total temporary disability and is having difficulty in terms of performing some physically strenuous activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE HCL 2MTG#30 WITH 2 REFILLS: Upheld

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 9792.20f
Page(s): 66.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine is FDA approved in the treatment of spasticity and can be employed for off label purposes in the treatment of low back pain, as is present here, in this case, however, the applicant has seemingly been on Tizanidine for some time and has failed to effect any lasting benefit or functional improvement through prior usage of the same. The applicant still has ongoing complaints of pain and still reports difficulty performing activities of daily living. The applicant remains off of work, on total temporary disability, and is now apparently intent on pursuing a functional restoration program of some kind. All of the above, taken together, imply a lack of functional improvement despite prior usage of Tizanidine as defined in MTUS 9792.20f. Therefore, the request is not certified, on independent medical review.