MAXIMUS Federal Services

Case Number:	CM13-0070701		
Date Assigned:	01/08/2014	Date of Injury:	05/15/2011
Decision Date:	05/30/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology, has a subspecialty in Acupuncture and Pain 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:

This is a 26y/o male injured worker with date of injury 5/15/11 with related low back pain mostly on the left side with radiation to the left buttock. Per latest progress note, dated 12/05/13, he began experiencing right-sided symptoms as well. He denied any numbness or tingling, but did experience weakness in the left leg. He denied bowel or bladder or sexual dysfunction. His pain was aggravated by bending, stooping,or twisting of the lumbar spine. MRI of the lumbar spine dated 11/21/13 revealed early disc disease, most notably at the level of L4-L5. There is a paracentral disc protrusion, which contacts the left L5 nerve root. Treatment to date has included physical therapy, medial branch block 9/20/12 without improvement, acupuncture without improvement, epidural steroid injections without improvement, left sacroiliac joint injection 8/29/13 without improvement, interferential unit, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG Q PRN/ QHS/PRN FOR SEVERE MUSCLE SPASMS: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drug Section Page(s): 66.

Decision rationale: Per the California MTUS p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia." Review of the submitted documentation indicates that on multiple occasions the injured worker did not need a refill of this prescription as he utilized it only on an as needed basis for severe muscle spasms. Per 12/5/13 progress report, "Currently on a visual analog scale, the patient rates his pain a 5/10 with the use of medication. Without medication, he rates his pain a 7-8/10. The patient notes approximately 30% improvement in symptoms with current medications. He notes an improvement in function including ability to participate in activities of daily living. The request is medically necessary