

Case Number:	CM14-0000632		
Date Assigned:	01/22/2014	Date of Injury:	02/19/2010
Decision Date:	10/23/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 52-year-old female who sustained a work related injury on 02/19/2010 as a result of an unknown mechanism of injury. She continues to experience neck and lower back pain and headaches. Her neck pain radiates into both arms. Her pain worsens upon performance of activities. On exam, the patient exhibits both cervical and lumbar range of motion restriction with paravertebral muscles, tenderness and tight muscle band bilaterally. She has a negative Spurling testing. Neurologically, she exhibits strength deficit of the right upper extremity, whereas the left upper and bilateral lower extremities exhibit 5/5 strength. Imaging and diagnostic studies includes a C-spine MRI dated 09/26/2012 which identifies multilevel posterior bulges or protrusions without central canal stenosis with a stable mild right foraminal narrowing at the C5-6 level with uncinated spurring. An electromyography (EMG) study dated 08/28/2012 that is found to be a Normal electrodiagnostic study. A lumbar MRI dated 05/05/2010 identifies a disc osteophyte complex, facet joint hypertrophy causing moderate to marked bilateral right greater than left neural foramen narrowing, minimal disc bulging at L3-4 and transition anatomy at L5-S1. In dispute is a decision for Tizanidine HCL 5 MG, 1 tablet BID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 5 MG, 1 tablet BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

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

Decision rationale: Tizanidine (Zanaflex , generic available): Is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Studies demonstrate that Tizanidine has efficacy in treating low back pain and demonstrated significantly decreased pain associated with chronic myofascial pain syndromes. A specific amount of medication needs requested. It is also difficult to make an informed decision when the most recent submitted PR-2 is from December of 2013. Because there is no request for a specific amount of medication with this request, the request is not medically necessary.