

Case Number:	CM14-0006690		
Date Assigned:	02/07/2014	Date of Injury:	05/10/2011
Decision Date:	07/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/17/2014

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 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 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 67 year old male who has submitted a claim for low back pain, associated with an industrial injury date of May 10, 2011. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 01/28/2014, showed low back pain and intermittent left leg sciatic symptoms. Physical examination revealed left hip pain with hip range of motion. Deep tendon reflexes were symmetrical bilaterally in the lower extremities. Left footdrop was noted. There was weakness on the left anterior tibialis (3+/5). Treatment to date has included L3-L5 laminectomy (09/12/2012), physical therapy and medications such as Tizanidine since 2013. Utilization review from 12/18/2013 denied the request for the purchase of Tizanidine 4mg QTY: 30 because there was no explicit documentation of muscle spasms on the physical exam. Furthermore, current guidelines do not recommend muscle relaxants as any more effective than NSAIDs alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG #30: Upheld

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

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

Decision rationale: According to page 63 of the MTUS Chronic Pain Guidelines, it recommends non-sedating muscle relaxants 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 2013. However, medical records provided for review failed to document presence of muscle spasm on physical exam that may warrant its use. Furthermore, long-term use is not recommended. Therefore, the request is not medically necessary.