

Case Number:	CM14-0009947		
Date Assigned:	02/21/2014	Date of Injury:	07/07/2006
Decision Date:	07/15/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/24/2014

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 Anesthesiology 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 66 year old female who has submitted a claim for lumbar intervertebral disc disorder with myelopathy, postlaminectomy syndrome lumbar region, lumbago, and thoracic/lumbosacral neuritis/radiculitis; associated with an industrial injury date of 07/07/2006. Medical records from 02/15/2013 to 12/13/2013 were reviewed and showed that patient complained of severe continuous back pain, graded 7/10, radiating to the bilateral lower extremities. Pain is aggravated by activity, sitting, standing, and working; and is relieved by medications. The patient reports that medications keep her functional, allowing increased mobility, and tolerance of ADLs and home exercises. Physical examination showed tenderness over the lumbar paraspinal muscles and bilateral sciatic notch. No spasms were noted. Range of motion is limited. Sitting straight leg raise test was positive bilaterally. Motor testing showed weakness in the bilateral lower extremities. There was decreased sensation to light touch in the bilateral lower extremities, and decreased sensation to pin in the right L4, L5, and S1 dermatomes, and in the left L5 and S1 dermatomes. Treatment to date has included medications, physical therapy, ESI, and lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 TIZANIDINE HCL 4 MG, 1 TO 2 TABLETS EVERY 8 HOURS AS NEEDED FOR SPASM RELATED TO CHRONIC LOW BACK INJURY: 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 Muscle relaxants; Tizanidine Page(s): 63; 66.

Decision rationale: Page 63 of the MTUS Chronic Pain Guidelines states that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. They also show no benefit beyond NSAIDs in pain and overall improvement. Page 66 states that tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for management of spasticity and myofascial pain. In this case, the patient has been using tizanidine since at least February 2013. The patient claims that current medications reduce pain from 10+/10 to 7/10, and allows increased mobility and independent performance of ADLs. However, physical examination did not show muscle spasms. Furthermore, the MTUS Chronic Pain Guidelines do not support long term use of Zanaflex. The medical necessity has not been established. Therefore, the request is not medically necessary.