

Case Number:	CM14-0103534		
Date Assigned:	09/16/2014	Date of Injury:	11/27/2010
Decision Date:	11/03/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/03/2014

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:

There were 45 pages provided for this review. The application for independent medical review was signed on July 3, 2014. It was for Tizanidine four milligrams two per day as needed, number 90, with two refills. The patient had a right knee injury. The right knee pain was rated as five out of 10. The pain was constant with walking, and there was some popping. The knee caused sensations of instability when walked on for any length of time. The patient complained of burning on the medial side of the right knee. The patient stated that the burning was almost constant. On examination of the right knee, a valgus deformity was noted. The patient had an antalgic gait and subluxation of the right patella. There were multiple, well-healed arthroscopic portal incisions to the right knee. Muscle relaxants were recommended for short-term usage for acute spasm. It was noted that per the guides, treatment should be brief and not use longer than 2 to 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, Take 2/Day PRN #90, 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: Regarding muscle relaxants like Tizanidine, also known as Zanaflex, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008). In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that in most cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Therefore, this request is not medically necessary.