

Case Number:	CM14-0013813		
Date Assigned:	02/21/2014	Date of Injury:	10/06/2000
Decision Date:	07/17/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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:

Patient is a 52-year-old male who has submitted a claim for lumbar disc disorder with myelopathy, lumbago, lumbosacral neuritis, myalgia and myositis, lumbar and lumbosacral disc degeneration and sciatica associated with an industrial injury date of 10/6/2000. Medical records from 2012-2013 were reviewed which revealed increase low back pain. It was aggravated by prolonged standing. Sleep quality was also noted to be poor. Physical examination of the lumbar spine showed limited active range of motion in extension secondary to pain. No leg spasm nor tenderness noted. No new neurological deficit. MRI of spine done on 9/1/11 showed minimal central canal stenosis and mild bilateral neural foraminal stenosis seen at L5-S1 secondary to a 5.0mm broad-based disc herniation. Minimal central canal stenosis and minimal bilateral neural foraminal stenosis is seen at L4-5 secondary to a 5.0mm broad-based disc herniation. Mild neural foraminal stenosis and minimal central canal stenosis is seen at L3-4 secondary to a 5.0mm right paracentral broad-based disc herniation. Treatment to date has included intake of medications namely, Ambien, Baclofen, Celebrex, Lyrica, Methadone, Norco, Zanaflex and Zoloft. Utilization review from 1/22/14 denied the request for Tizanidine 4mg because there is no explicit documentation of functional improvement from any previous use with its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG #60 (30 DAY SUPPLY): 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 2009, Antispasticity Chapter Page(s): 66.

Decision rationale: As stated on page 66 of CA MTUS Chronic Pain Medical Treatment Guidelines, Tizanidine, is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It was recommended as a first line option to treat myofascial pain. In this case, patient was prescribed Tizanidine since 2012. However, recent progress report dated 2/20/14 did not mention that patient has muscle spasm. In addition, there was no myofascial pain noted. Medical necessity has not been established. Therefore, the request for Tizanidine 4mg #60 (30 day supply) is not medically necessary.