

Case Number:	CM14-0014637		
Date Assigned:	02/28/2014	Date of Injury:	07/07/2011
Decision Date:	06/27/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/05/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 claimant is a 24-year-old male who was injured on July 7, 2014. The original injury is documented as occurring secondary to cumulative trauma from lifting. The most recent clinical document, dated January 7, 2014, indicates the claimant presents with continued complaints of low back pain. An MRI performed on April 26, 2013 is documented as showing a four-point 8mm disc protrusion at L4-5 impinging on the exiting left L4 nerve root. This document indicates the claimant is chronically using Flexeril. The utilization review was rendered on January 13, 2014. The reviewer noncertified the requests indicating that these most relaxants is not recommended chronically.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE FOR LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS indicates that muscle relaxants are considered for short-term use in the management of chronic low back pain. Based on the clinical documentation provided,

when taking into consideration the date of injury and the chronic use of muscle relaxants, the requested medication is considered not medically necessary.