

Case Number:	CM14-0015598		
Date Assigned:	02/28/2014	Date of Injury:	01/09/2002
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/07/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 53-year-old female who reported an injury on 01/09/2002. The mechanism of injury was that the injured worker reached over a wheelchair to steady a large student as she attempted to transfer on the toilet. The student got caught on the right wheel and the injured worker had to untangle the patient. The injured worker underwent a right three (3) level transforaminal epidural steroid injection on 12/02/2013 and 12/05/2013. The documentation of 10/31/2013 revealed that the injured worker had back pain that radiated in the right lower extremity above the knee. The injured worker's medications were noted to be Nuvigil, Lyrica, tramadol extended-release (ER), vitamin D, Nexium, Benadryl, Zyrtec, Xanax, Ambien, and levothyroxine. The diagnoses included arthropathy NEC and myofascial syndrome as well as lumbar facet arthropathy. There was no DWC Form, request for authorization (RFA), or progress report (PR-2) submitted to support the use of the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF TIZANIDINE 4MG #60: 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 (for pain) Page(s): 63-66.

Decision rationale: The Chronic Pain Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. The use is recommended for less than three (3) weeks. There should be documentation of objective functional improvement. There were no DWC Form, request for authorization (RFA), or progress report (PR-2) for the request. There was a lack of documentation indicating objective functional improvement. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the frequency for the medication. Given the above, the pharmacy purchase of Tizanidine 4 mg #60 is not medically necessary.