

Case Number:	CM14-0115327		
Date Assigned:	10/07/2014	Date of Injury:	10/19/2011
Decision Date:	11/07/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/23/2014

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:

This 54-year-old man had a date of injury on 10/19/11. The progress note from 8/14/14 indicates that subjectively, the patient's pain level was unchanged from his previous visit and he denied having any other symptoms other than pain. In the progress note from 3/24/14, subjective findings reveal that his pain and activity levels remained unchanged and he had no new problems. Additionally, the physical examination 6/18/14 showed tenderness to palpation, tightness and spasm in the lumbosacral paraspinal musculature as well as evidence of a right shoulder rotator cuff injury with tear confirmed by MRI. It also demonstrated a positive straight leg raise test on the right side. During this visit, the evaluating physician stated that patient had reached maximum medical improvement. Treatments to date: Tramadol, Naprosyn, Tizanidine, Physical Therapy, s/p Right Shoulder Rotator Cuff Repair, cortisone injections A UR decision dated 7/16/2014 modified the request for Tizanidine was denied because the patient's pain level, level of function and quality had remained unchanged according to his medical records and there was no indication that he was having an acute exacerbation of his pain. In addition, Tizanidine is only approved for short-term use to treat acute pain exacerbations and not for ongoing use. Final recommendation was for one not medically necessary for the prescription of Tizanidine between 7/1/14-9/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, 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. This patient has been taking Tizanidine chronically and according to recent reports from his providers, his symptoms and function do not appear to be improving. Therefore, the request for Tizanidine is not medically necessary.