

Case Number:	CM14-0120473		
Date Assigned:	08/06/2014	Date of Injury:	01/06/1993
Decision Date:	09/16/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/30/2014

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 Family 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 is a 67 year old male who reported an industrial injury on 1/6/1993, over 21 years ago, attributed to the performance of his customary job tasks. The patient has been treated for chronic neck, low back, ankle-foot pain with a history of BPH and hypothyroidism. The patient has received treatment with medication; physical therapy; massage; chiropractic care; and a gym membership. The patient has been recommended for counseling for PTSD. The objective findings on examination included normal affect; cervical motion limited to 60% of normal due to pain and spasms; deep palpation significant spasm and twitching of trapezius and levator scapula muscles; point tenderness to the cervical fascia; cervical facet loading pain; rotation with flexion of the cervical spine creates radicular pain into the arm and upper extremity; strength 3/5 bilaterally; altered soft touch sensation bilateral upper extremities; right foot painful palpation and passive motion. The patient was noted to have received muscle relaxers continuously for many years and was previously titrated down and off soma. The patient reportedly has chronic muscle spasm findings on examination; however, there is no new trauma or documented injury to support new muscle spasms or a nexus to the cited mechanism of injury over 21 years ago. The patient has been prescribed Tizanidine 4 mg #30 with five refills and Levothyroxine 50 MCG #30 with five refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30 With 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128, Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Medications for chronic pain; muscle relaxants; Cyclobenzaprine.

Decision rationale: The patient has been prescribed muscle relaxants for chronic pain on a routine basis as there are reported muscle spasms documented by the requesting provider while treating chronic neck and back pain over the last 21 years. There is no demonstrated medical necessity for #30 Tizanidine each month for 5 months for this 67-year-old patient. The patient is prescribed Tizanidine 4 mg #30 on a routine basis routinely for which there is no medical necessity in the treatment of chronic pain. The routine prescription of muscle relaxants for chronic pain is not supported with objective medical evidence and is not recommended by the California MTUS. The use of the Tizanidine for chronic muscle spasms is not supported by evidence-based medicine; however, an occasional muscle relaxant may be appropriate in a period of flare up or muscle spasm. The prescription for Tizanidine (Zanaflex) is recommended by the California MTUS or the Official Disability Guidelines for the short-term treatment of muscle spasms but not for chronic treatment. The chronic use of muscle relaxants is not recommended by the California MTUS; the ACOEM Guidelines or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment and then discontinued. There is no recommendation for Tizanidine as a sleep aid. There is no documented functional improvement with the prescription of Zanaflex. The patient is prescribed Zanaflex for muscle spasms to the lower back. The California MTUS does recommend Tizanidine for the treatment of chronic pain as a centrally acting adrenergic agonist approved for spasticity but unlabeled or off label use for chronic back pain. Therefore, this request is not medically necessary.

Levothyroxine 50mcg #30 With 5 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: General practice of medicine--Endocrinology.

Decision rationale: The patient is prescribed Levothyroxine 50 mcg #30 with 5 refills for the diagnosis of hypothyroidism. The requesting provider provides no rationale with a nexus to the cited mechanism of injury for the prescription of Levothyroxine for the diagnosis of hypothyroidism. The prescription for Levothyroxine is directed to an underlying endocrine disorder as comorbidity. There is no demonstrated medical necessity for the prescription of Levothyroxine for the effects of the industrial injury. There are no demonstrated thyroid levels or TSH levels to demonstrate the medical necessity of the prescribed Levothyroxine. There are no documented T SH levels or a thyroid panel to support the medical necessity of the prescribed

Levothyroxine. There is no demonstrated rationale by the requesting physician of any aggravation or exacerbation of hypothyroidism by the cited mechanism of injury over 21 years ago. Therefore, this request is not medically necessary.