

Case Number:	CM14-0121489		
Date Assigned:	08/06/2014	Date of Injury:	02/17/2011
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/01/2014

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 New Jersey. 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 worker is a 50 year old male who was injured on 2/17/11. He was diagnosed with low back pain and left knee pain with meniscal tears. He was treated with muscle relaxants, Lyrica, opioids, topical analgesics, anti-nausea medications, knee surgery, and physical therapy. The worker was then seen on 6/10/14 complaining of ongoing low back pain that radiated to both legs/feet. He reported taking Norco and achieving a reduction in pain, and all his medications (Fioricet, Vistaril, Norco, tizanidine, Lidoderm, Lyrica) collectively were allowing him to remain active and functional with no adverse effects. He was then recommended to continue his medications, remain physically active, and return for a follow-up on 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tizanidine 4mg #240. Date of service: 6/10/14: 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, pp. 63-64 Page(s): 63-64.

Decision rationale: The MTUS Chronic Pain Guidelines state that muscle relaxants are recommended as a second-line treatment option for acute exacerbations of chronic low back

pain, but are not intended to be used chronically as they carry with them significant side effects. In the case of this worker, he has low back pain, but there was no evidence suggesting he was experiencing an acute exacerbation of his low back pain. Also, it appears that he had been already using tizanidine chronically for months leading up to this request. Therefore, the Tizanidine is not medically necessary and appropriate.