

<b>Case Number:</b>	CM14-0123791		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Internal Medicine, Pulmonary Diseases 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 34-year-old female who reported an injury on 09/12/2012 and reportedly sustained injuries to her back while lifting a student who needed to be lifted out of a wheelchair to the toilet. The injured worker's treatment history included injections, chiropractic treatment, physical therapy, okuponkar (acupuncture?) therapy, epidural steroid injections, and medications. The injured worker was evaluated on 07/16/2014 and it was documented that the injured worker's pain level was 6/10. The injured worker was there for a medication refill. Objective findings; no change in the physical examination since last visit. Diagnoses included lumbar spine multilevel disc bulges, annular tear of the lumbar spine, and nerve root narrowing. Medications included Norco 10/325 mg and tizanidine HCl 4 mg. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4mg #90:** 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:** The California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documents submitted indicated the injured worker received prior conservative care; however, the outcome measurements were not provided. Furthermore, the documentation failed to indicate how long the injured worker has been on Tizanidine and functional improvement while being on the medication. The request did not include frequency of medication for the injured worker. In addition, the guidelines do not recommend Tizanidine to be used for long term use. The request for tizanidine HCl 4 mg #90 is not medically necessary.

**UDS (monthly):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** California (MTUS) Chronic Pain Medical Guidelines recommended as an option using a urine drug screen to assess for the use or the presence of illegal drugs. There are steps to take before a therapeutic trial of opioids & on-going management; opioids, differentiation: dependence & addiction; opioids, screening for risk of addiction (tests); & opioids, steps to avoid misuse/addiction. The provider indicated the injured worker had previous conservative care measures; however, the outcome measurements were not submitted for this review. The guidelines recommend urine drug screen once a year. The provider failed to indicate duration of opiate medication for the injured worker. As such, the request for a UDS monthly is not medically necessary.