

Case Number:	CM14-0124094		
Date Assigned:	08/08/2014	Date of Injury:	06/14/2006
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	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 Orthopedic Surgeon 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 62-year-old female who reported an injury on 06/014/2006. The mechanism of injury was not provided for clinical review. The diagnosis included spondylosis. The previous treatments included medication. The diagnostic testing included x-rays. Within the clinical note dated 07/01/2014, it was reported the injured worker complained of having an episode of vertigo. The injured worker reported having no pain associated with vertigo. She reported using a yoga strap to decrease symptoms of spasms. Upon the physical examination, the provider noted the cervical spine range of motion with flexion at 20 degrees and extension at 20 degrees. The provider indicated the injured worker had decreased sensation along the C5 dermatomal nerve distribution of the left upper extremity. The most recent clinical note dated 08/05/2014, reported the provider requested the injured worker to stop taking Tizanidine. The provider requested Tizanidine. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizandine 4mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer for than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 05/2014, which exceeds the guidelines recommendation of short term use of 2 to 3 weeks. In addition, the provider requested the injured worker to discontinue the use of Tizanidine. As such, the request for Tizanidine 4mg #30 with 2 refills is not medically necessary.