

Case Number:	CM14-0126390		
Date Assigned:	08/13/2014	Date of Injury:	12/18/1996
Decision Date:	09/11/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/08/2014

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 Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 67 year old gentleman injured 12/19/96. Mechanism of injury was not documented. There is a current progress report of 05/30/14 indicating the claimant has chronic complaints of bilateral shoulder low back and bilateral knee pain. It states he is currently being treated with medication management with no documentation of significant change in the claimant's symptoms. There were recommendations at that setting for continued use of agents to include Oxycodone, Lexapro and Tizanidine. There was no documentation of recent imaging or other forms of conservative care noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tizanidine 4mg: 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- Tizanidine (Zanaflex) Page(s): 66.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the use of Tizanidine, a muscle relaxer would not be indicated. In the chronic setting, guideline criteria would support the use of muscle relaxants only with caution as second line agents for acute symptomatic

findings. This individual is with no significant change in clinical findings over the past several months. While he continues to be with pain complaints, the chronic use of this muscle relaxant in the chronic setting from his injury dating back to the 1990s would not be supported.