

Case Number:	CM14-0132850		
Date Assigned:	09/05/2014	Date of Injury:	05/25/2008
Decision Date:	10/24/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 male patient with a date of injury of May 25, 2008. A utilization review determination dated August 14, 2014 recommends non-certification of Tizanidine 4 mg 1 tablet 3 times a day for spasms #90 with modification to #60 with no refills for weaning purposes. A progress note dated April 7, 2014 identifies subjective complaints of bilateral low back pain with radiation of pain to the right lateral lower extremity, and with radiation up his entire back. The patient states that flexion of his right hip causes pain from his low back all the way down to his right leg, he describes his pain as sharp, his pain score is currently a 8 - 9/10, his average pain scores a 6/10, his baseline pain score after treatment is a 5/10, and the worst his pain gets is a 10/10. His pain is present constantly but at variable intensities, reports associated right lower extremity weakness, numbness in the right lower extremity, tingling in the right lower extremity, stiffness of the low back, spasms of the low back, interference with sleep, and feels depressed. Factors that aggravate his pain include any activities, bending, changing body position, lifting the right leg, whether change, and weight bearing on the right leg. Sleeping alleviates his pain symptoms. Current medications include Zanaflex 4 mg TID, Ultram 50 mg TID, Lidoderm patches, Omeprazole 20 mg once a day, and Nortriptyline 50 mg at bedtime. Physical examination identifies an antalgic gait favoring the right and the patient is using two crutches. The diagnosis is depressive disorder. The treatment plan recommends Tramadol 50 mg #90 with 2 refills, Lidoderm patch 5% #60 with 2 refills, Tizanidine 4 mg #90 with 2 refills, Nortriptyline 50 mg #30 with 1 refill, and Omeprazole 20 mg #30 with 2 refills. The treatment plan also recommends following up on MRI denial, continuation of exercise and stretches at home, and continuation of psychology sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg 1 tablet 3 times a day for spasms #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Muscle Relaxants, for Chronic Pain Page(s): 63-66 (se).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Tizanidine 4mg 1 tablet 3 times a day for muscle spasms #90 with 2 refills, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested Tizanidine 4mg 1 tablet 3 times a day for muscle spasms #90 with 2 refills is not medically necessary.