

Case Number:	CM14-0152387		
Date Assigned:	09/22/2014	Date of Injury:	07/18/2011
Decision Date:	10/21/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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 Preventative Medicine 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:

According to the records made available for review, this is a 48-year-old male with a 7/18/11 date of injury. At the time (8/28/14) of the request for authorization for Tizanidine 4mg #150, there is documentation of subjective (pain persists across back, pain right knee and thigh with swelling) and objective (lumbar spine and sacroiliac joint tenderness to palpation, myofascial spasms quadratus lumborum, the rest is illegible due to handwritten note) findings, current diagnoses (possible meniscal tear right knee, degenerative disc disease lumbar spine with facet arthropathy, meralgia paresthetica right, bilateral sacroiliitis, lumbar facet arthropathy, and myofascial spasms), and treatment to date (medication including ongoing use of Tizanidine). There is no documentation of spasticity; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Tizanidine use to date; and intended short-term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)
Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of
Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of possible meniscal tear right knee, degenerative disc disease lumbar spine with facet arthropathy, meralgia paresthetica right, bilateral sacroiliitis, lumbar facet arthropathy, and myofascial spasms. However, there is no documentation of spasticity. In addition, given documentation of ongoing use of Tizanidine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Tizanidine use to date. In addition, there is no documentation of intended short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Tizanidine 4mg #150 is not medically necessary.