

Case Number:	CM14-0158035		
Date Assigned:	10/01/2014	Date of Injury:	04/10/2006
Decision Date:	12/12/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/26/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 51-year-old diabetic man who sustained a work-related injury on April 10, 2006. Subsequently, the patient developed chronic shoulder and back pain. The patient underwent a lumbar spine decompression and fusion at L5-S1 in 2007. MRI of the lumbar spine dated December 6, 2010 showed a diffuse disc bulging at L4-5, facet arthropathy, and hypertrophic ligamentum flavum with mild compromise of the central canal. There is compromise of the superior margin of the right lateral recess with potential impingement of the right L5 nerve root as it extends into its right lateral recess at L5. There is mild right neural foramen compromise at L4-5. Prior treatments had included Medications, Physical Therapy, Spinal Cord Stimulator, Thoracic Trigger Point Injections, Epidural Steroid and Facet Injections, Radiofrequency Rhizotomy, and Psychiatric Care. According to a progress report dated August 19, 2014, the patient reported moderate-to-severe pain. The location of pain is upper back, middle back, lower back, gluteal area, arms, legs, and thighs. Pain radiated to the left ankle, left arm, right arm, left calf, right calf, left foot, right foot, left thigh, and right thigh. The patient described the pain as ache, burning, deep, discomforting, numbness, dull, sharp, shooting, and stabbing. The patient rated his pain as a 9/10 without medications and a 7/10 with medications. His physical examination demonstrated lumbar tenderness with spasm and reduced range of motion. The patient was diagnosed with failed back surgery syndrome, anxiety, and radiculopathy in the thoracic and lumbar spine. The provider requested authorization for Tizanidine HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg: Upheld

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

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with naproxen and Tizanidine since September 2013, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Therefore, the request for Tizanidine HCL 4mg is not medically necessary