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| Case Number: | CM14-0158946 | | |
| Date Assigned: | 10/02/2014 | Date of Injury: | 11/08/2012 |
| Decision Date: | 11/06/2014 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 09/29/2014 |

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 Interventional Spine 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 patient is a 50 year old male with an injury date of 11/08/12. The 08/06/14 report by ■■■ states that the patient presents with throbbing tense pain of the lumbar spine rated 7/10. When the patient lays on his back pain radiates down the left leg to the top of the left foot. The patient is working with restrictions. Examination reveals positive paraspinal tenderness to percussion. The patient's diagnoses include: 1. L2-L3, L5-S1 disc bulge herniation 2. Retrolisthesis L5-S1 3. L5-S1 bilateral neural foraminal narrowing 4. Lumbar spine radiculopathy The utilization review being challenged is dated 09/11/14. Reports were provided from 04/01/14 to 08/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

Decision rationale: The patient presents with throbbing tense pain of the lower back. Pain radiates to the left leg to the top of the left foot when the patient lies on his back. The treating physician requests for a decision for Tizanidine 4mg #60 with 2 refills. MTUS Antispasticity Drugs states that this medication is supported for low back pain, myofascial pain and fibromyalgia. MTUS page 60 states "A record of pain and function should be recorded." On the most recent report provided dated 08/06/14, the treating physician states Soma is too powerful for the patient and will be discontinued and Tizanidine will be started. The 06/25/14 report states that Soma was used for muscle spasms. Presumably, Tizanidine is intended for the same purpose; however, the treating physician does not state this. In this case, the patient presents with lower back pain for which this medication is indicated. The medication was tried in place of Soma and it remains to be seen if it is going to help. The request is medically necessary.