

Case Number:	CM14-0162986		
Date Assigned:	11/03/2014	Date of Injury:	11/28/2012
Decision Date:	12/08/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	10/03/2014

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 35 year-old male with the date of injury of 11/28/2012. The patient presents with pain in his lower back, radiating down his les. The patient presents limited range of lumbar motion in all directions. Examination reveals positive sitting slump test and straight leg raising. MRI from 01/07/2013 reveals L3-4 lateral recess stenosis and L5-S1 right parcentral disc protrusion. The patient is currently taking Norco and Tizandine. The patient is not working. According to [REDACTED] report on 08/19/2014, diagnostic impressions are;1) Lumbosacral radiculopathy2) Lumbar strain and iliolumbar strain with lumbosacral degenerative diseaseThe utilization review determination being challenged is dated on 08/28/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/04/2014 to 08/19/2014.

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 Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants,Tizanidine Page(s): 64-66,66,60.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for Tizanidine 4mg, number unspecified. MTUS guidelines page 64-66 recommend muscle relaxants as a short course of therapy. Page 66 specifically discusses Tizanidine and supports it for low back pain, myofascial and fibromyalgia pains. All reports provided by the treater indicate that the patient has been using Tizandine 4mg p.o.h.s. for muscle spasms. There is no indication of exactly when the patient began taking Tizandine or how Tizandine has been helpful in terms of decreased pain or functional improvement. MTUS page 60 requires recording of pain and function and medications are used for chronic pain. This request is not medically necessary.