

Case Number:	CM14-0162994		
Date Assigned:	11/03/2014	Date of Injury:	11/28/2012
Decision Date:	12/08/2014	UR Denial Date:	09/03/2014
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 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 35-year-old man who sustained a work-related injury on November 28, 2012. Subsequently, the patient developed chronic low back pain. MRI of the lumbar spine dated January 7, 2013 showed L3-4 left paracentral disc herniation and moderate to severe foraminal tenosis, L4-5 disc protrusion, L3-4 and L4-5 lateral recess stenosis and L5-S1 right paracentral disc protrusion. According to a note dated August 19, 2014, the patient complained of lower back pain. The patient was suggested for epidural steroid injection, but did not improve his symptoms. His physical examination revealed a normal gait and normal balance. Active and passive range of motion of the lumbosacral spine were diffusely tender and guarded in all directions, especially with forward bending and extension. Sitting slump test and straight leg raise were positive. The patient was diagnosed with lumbosacral radiculopathy, iliolumbar strain, and lumbosacral strain with lumbosacral degenerative disc disease. 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 1000TB BT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 1-127, 63-64.

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

Decision rationale: According to MTUS guidelines, an non sedating muscle relaxants is 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. 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.