

Case Number:	CM14-0166452		
Date Assigned:	10/13/2014	Date of Injury:	07/03/1999
Decision Date:	11/26/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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 58 year old female who was injured on 7/3/1999. The diagnoses are low back pain and post laminectomy back syndrome. The past surgery history is significant for lumbar laminectomy. On 8/12/2014, [REDACTED] noted subjective complaint of pain score of 8/10 on a scale of 0 to 10. There was objective findings of positive straight leg raising test, tenderness over the lumbar spine and SI joints with decreased range of motion of the lumbar spine. The UDS of 4/14/2014 was positive for prescribed oxycodone and TCAs. The patient is waiting for an appointment for consultation with a pain management specialist. The current medications are Norco for pain, Ambien for sleep and Tizanidine for muscle spasm. A Utilization Review determination was rendered on 9/18/2014 recommending non certification for Tizanidine 4mg bid #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg 1 p.o. b.i.d. #60 for chronic lumbar pain , outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Chronic Pain Disorders. Decision based on Non-MTUS Citation Physician's Desk Reference, 68th ed. - www.RxList.com; and www.online.epocrates.com; and www.empr.com-Opioid Dose Calculator; and AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of muscle relaxants should be limited to periods of less than 4 weeks. The chronic use of muscle relaxants is associated with the development of dependency, tolerance, addiction, sedation and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized Tizanidine for many years without significant relief of symptoms. The patient is also utilizing opioids and other sedatives with increased risk for drug interactions. The criteria for the use of tizanidine 4mg bid #60 was not met.