

Case Number:	CM14-0167658		
Date Assigned:	10/14/2014	Date of Injury:	08/28/2004
Decision Date:	11/18/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/10/2014

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 & 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 49 year-old male with the date of injury of 08/28/2004. The patient presents with pain in his mid and lower back. He presents limited range of lumbar motion. He rates his pain as 3-8/10 on the pain scale, depending on the intake of pain medication. Currently he is taking Norco, Nortriptyline Hydrochloride, Imitrex, Ondansetron Hydrochloride, Tizanidine Hydrochloride, Compound cream #G30F, Gabapentin, and Vicodine. MRI from 05/09/2012 reveals a right paracentral large disc extrusion at L3-L4 creating foraminal stenosis. According to [REDACTED] report on 06/02/2014, diagnostic impressions are:

- 1) Lumbago
 - 2) Degeneration of lumbar or lumbosacral intervertebral disc
 - 3) Sciatica
 - 4) Postlaminectomy syndrome of lumbar region
- The utilization review determination being challenged is dated on 09/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 09/11/2013 to 08/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tizanidine Hydrochloride 4mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) ANTISPASTICITY/ANTISPASMODIC DRUGS: , Medications for chronic Page(s).

Decision rationale: The patient presents with pain and weakness in his mid and low back. The patient is s/p laminectomy and has a spinal cord stimulator. The request is for Tizanidine Hydrochloride 4mg with 2 refills. 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 pain. All reports provided by the treater indicate that the patient has been using Tizanidine Hydrochloride 4mg oral capsule, 1p.o. 6 hrs prn for spasm. There is no indication of how Tizanidine has been helpful in terms of decreased pain, functional improvement. MTUS page 60 requires documentation of pain and function and medications are used for chronic pain. The request is not medically necessary.