

Case Number:	CM14-0175866		
Date Assigned:	10/28/2014	Date of Injury:	07/08/1996
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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 and is licensed to practice in New York. 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 injured worker is a male with an undisclosed date birth who reported an injury on 07/08/1996. The mechanism of injury was not provided. On 10/09/2014, the injured worker had a diagnosis of pain in the joint, cervical disc degeneration, and disc disease without myelopathy not otherwise specified. Upon examination, there was increased tenderness to the lumbar paraspinal muscles bilaterally and a positive left leg lift with radiating symptoms down the left SI dermatome. Current medications included tizanidine. The provider recommended tizanidine 4 mg with a quantity of 120 and 60 for date of service 07/30/2014. There was no rationale provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for date of service (DOS) 07/30/14: Tizanidine 4mg #120 and #60:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 65-66.

Decision rationale: The California MTUS state that tizanidine is used to decrease muscle spasm in conditions such as low back pain, though it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. The efficacy of the prior use of tizanidine was not provided. There is a lack of documentation of treatment history and length of time the injured worker has been prescribed tizanidine. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established. The request for tizanidine 4mg #120 and #60 is not medically necessary.