MAXIMUS Federal Services

Case Number:	CM14-0177063		
Date Assigned:	10/30/2014	Date of Injury:	06/21/2003
Decision Date:	12/05/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/24/2014

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 Family Medicine 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:

This is a 52-year-old male injured worker who reported an industrial injury to the back on 6/20/2003, over 11 years ago, attributed to the performance of his usual and customary job tasks. The injured worker is treated for the diagnoses of lumbar spine disc disorder; status post lumbar laminectomy syndrome; sacroiliac pain; lumbar spine DDD; spondylosis; broken screw and fusion surgery; SCS in place; and mood disorder the injured worker has been prescribed Norco 10/325 mg #150; Tizanidine 2 mg 1-2 at bedtime #60; and MS Contin 30 mg one tab TID #90. The injured worker complained of increasing lower back pain radiating to the bilateral lower extremities. The injured worker complained of pain to the right shoulder and was status post shoulder surgery x3 the last surgical intervention being July 2014. The injured worker was reported to have been using a spinal cord stimulator to address the bilateral lower leg pain. The objective findings on examination included weight 297 pounds; height 6'2"; BMI 38; healing surgical scar posterior spine; restricted range of motion to the lumbar spine; unable to walk on heels; unable to walk on toes; SLR positive on the left; tenderness along the paravertebral muscles adjacent to the surgical site; sensory examination with patchy light touch. The treatment plan included a CT scan of the lumbar spine with contrast and increase physical therapy for low back pain. The injured worker was noted to have been tapered off Soma and was prescribed Zanaflex for muscle spasm and sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128,Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-64.

Decision rationale: The routine prescription of muscle relaxers for chronic pain is not supported with objective medical evidence and is not recommended by the CA MTUS. The use of the Tizanidine for chronic muscle spasms is not supported by evidence-based medicine; however, an occasional muscle relaxant may be appropriate in a period of flare up or muscle spasm. The prescription for Tizanidine (Zanaflex) is recommended by the CA MTUS or the Official Disability Guidelines for the short-term treatment of muscle spasms but not for chronic treatment. The chronic use of muscle relaxants is not recommended by the CA MTUS; the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment and then discontinued. There is no recommendation for Tizanidine as a sleep aid. The injured worker is prescribed Zanaflex for muscle spasms to the lower back. The CA MTUS does not recommend Tizanidine 2 mg #60 for the treatment of chronic pain as a centrally acting adrenergic agonist approved for spasticity but unlabeled or off label use for chronic pain. The prescription for Tizanidine 2 mg #60 is not medically necessary.