

Case Number:	CM14-0022303		
Date Assigned:	05/09/2014	Date of Injury:	01/13/1999
Decision Date:	07/24/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/21/2014

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 Management 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 55-year-old female who has submitted a claim for lumbosacral neuritis not otherwise specified associated with an industrial injury date of January 13, 1999. Medical records from 2013 to 2014 were reviewed. The patient is status post a 5 level lumbar fusion in 2010 and currently complains of low back pain, left greater than the right. A minimum of 75% pain relief with Norco use was achieved without adverse effects. Physical therapy also helped to improve pain. Physical examination of the lumbar spine showed slight flattening of lumbar lordosis; limitation of motion; tenderness of the left lumbosacral region; and ipsilateral low back pain with left and right rotation/extension. An MRI of the lumbar spine done on June 4, 2009 showed marked degenerative disc disease (DDD) at L2-3 with eccentrically larger left lateral bulge/protrusion resulting in mild central canal narrowing and NF narrowing. There was DDD and severe right facet disease at L4-5 with moderate to severe right NF narrowing possible compressing the exiting L4 nerve root. The diagnoses were thoracic/lumbar radiculitis, lumbago, spondylosis, lumbar degenerative disc disease and lumbar post laminectomy syndrome. The treatment plan includes a request for tizanidine refills. The treatment to date has included oral analgesics, physical therapy, lumbar spine surgery, home exercise program and TFESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines, states non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back problems. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond nonsteroidal anti-inflammatory drugs in pain and overall improvement. In this case, the patient has been using Tizanidine since August 2013. However, there was no objective evidence of overall pain and functional improvement derived from its use. In addition, current progress report failed to document evidence of muscle spasms. The medical necessity has not been established. Therefore, the request for Tizanidine 4 mg #30 with 2 refills is not medically necessary.