

Case Number:	CM14-0023509		
Date Assigned:	06/11/2014	Date of Injury:	05/03/2001
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/25/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 65-year-old male with injuries to his neck and back on 05/03/2001 as result of an unknown mechanism of injury. Review of provided medication records dated back to 2011 identifies the patient complaining of back pain without expressed complaint of muscle spasm. On physical examination only muscle tightness of the left paracervical and trapezius musculature with limited cervical extension and flexion range of motion with pain is documented. In dispute is prescription for Tizanidine 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4 MG QUANTITY 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/ Antispasmodic Drugs Page(s): 66.

Decision rationale: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Studies demonstrate that Tizanidine has efficacy in treating low back pain and demonstrated significantly decreased pain associated with chronic myofascial pain syndromes.

Due to the fact that Tizanidine is FDA approved for the management of spasticity, the documentation of muscular spasticity would support the use of this medication. As there is not one instance in the provided documentation of such issue ongoing, the request has no merit and is not medically necessary.