

Case Number:	CM14-0029616		
Date Assigned:	04/09/2014	Date of Injury:	10/06/2003
Decision Date:	06/30/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/21/2014

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 and Pain Medicine and is licensed to practice in California and Nevada. 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 60 year old female who is reported to have sustained work related injuries on 11/06/03. It is reported that on the date of injury, she attempted to sit in a rolling chair, the chair moved causing her to fall, striking the back of her head, right shoulder, and low back. The records indicate that the injured worker has chronically been maintained on oral medications for multiple diagnoses which include: status post cervical fusion, headaches, dysphasia, occipital neuralgia, and cervical radiculopathy. Serial clinical examinations report that there is a moderate reduction in lumbar range of motion secondary to pain. There is vertebral tenderness in the lumbar spine. Range of motion of the cervical spine is moderately reduced secondary to pain. There is spinal tenderness from C4 to C7. There are no reported changes in motor or sensory examinations. The record contains a utilization review determination dated 12/17/13 in which a request for Tizanidine 2mg, #90 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 2MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: The request for Tizanidine 2mg, #90 is not supported as medically necessary. Per CA MTUS, the prolonged use of muscle relaxants to treat chronic pain is discouraged. It would further be noted that the serial examinations do not identify myospasm for which this medication would be indicated. As such, the medical necessity for continued use of this medication has not been established.