

Case Number:	CM14-0031185		
Date Assigned:	04/09/2014	Date of Injury:	10/19/2001
Decision Date:	05/27/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/24/2014

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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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 patient is a 54-year-old male with date of injury 10/19/01. The mechanism of injury is not stated in the available medical records. The patient has complained of chronic neck and back pain since the date of injury. He has had a cervical spine fusion and a lumbar spine fusion. He has been treated with physical therapy, corticosteroid injections and medications. Plain films of the lumbar spine performed in 11/2010 showed posterior fusion of lumbar vertebrae L3-L5. Objective: decreased range of motion of the cervical and lumbar spine; tenderness to palpation of the right occipital region, tenderness to palpation of L4-S1 spinous processes. The diagnoses: cervical radiculitis, lumbar radiculitis, chronic pain. The treatment plan and request: Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE HCL 2MG 1 TAB EVERY 12 HOURS, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Muscle relaxants Page(s): 63.

Decision rationale: The patient has complained of neck and back pain since date of injury 10/19/01. He has been treated with surgery, corticosteroid injections, physical therapy and

medications to include Tizanidine since at least 09/2013. Per the MTUS guidelines, muscle relaxants are indicated as a second line option for the short term (2-4 weeks) treatment of acute exacerbations of chronic low back pain. The use of this medication in this patient has exceeded the recommended duration of use. Furthermore, there is no documentation in the available medical records supporting an acute exacerbation of chronic pain. On the basis of this lack of documentation and per the MTUS guidelines, Tizanidine is not indicated as medically necessary.