

Case Number:	CM14-0034299		
Date Assigned:	06/20/2014	Date of Injury:	07/27/2004
Decision Date:	08/18/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/19/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 61-year-old female who reported an injury on 07/27/2004. The mechanism of injury was not provided. The diagnoses included cervical spinal stenosis, sciatica, shoulder strain, and rotator cuff syndrome. Prior therapies included physical therapy and medications. Per the 01/06/2014 visit note, the injured worker reported increased pain in her lower back, shoulders, and right hip. She stated that on average, her pain was 7/10. Her current medications included tramadol HCl ER 150 mg, gabapentin 300 mg, Tylenol 500 mg, and tizanidine HCl 4 mg. On physical exam, the injured worker demonstrated decreased range of motion in the cervical spine, shoulders, and lumbar spine. Per the 03/03/2014 visit note, the injured worker reported pain in the lower and mid back and neck, bilateral shoulders, and left hip. Physical exam findings included decreased cervical lordosis due to muscle spasms. The injured worker's medication regimen included tizanidine HCl 4 mg twice daily and tizanidine HCl 2 mg once at bedtime. The request for authorization form for tizanidine was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2 mg #30, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain Page(s): 63-66..

Decision rationale: The request for Tizanidine 2 mg #30, 1 refill is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The medical records provided indicate an ongoing prescription for tizanidine since at least 09/24/2013. There is no indication as to the efficacy of the medication. Nonetheless, the Guidelines do not recommend the long-term use of muscle relaxants. Based on this information, the request is not supported. As such, the request for Tizanidine 2 mg #30, 1 refill is not medically necessary.