

Case Number:	CM14-0038740		
Date Assigned:	06/27/2014	Date of Injury:	12/08/2003
Decision Date:	07/23/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational Medicine 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 60 year old male, DOI 12/18/2003. Subsequent to the injury he has developed chronic low back pain and is diagnosed with lumbar spondylosis with a radicular component. He has episodic lumbar epidural injections with significant reported relief for several months. It is documented that he does not utilize Tizanidine when the pain is controlled, but needs it now due to a flare in pain. A repeat epidural was requested. No side effects are reported. There is no documented history of medication misuse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 66.

Decision rationale: MTUS Chronic Pain Guidelines generally discourage the long term use of muscle relaxants, however the Guidelines point out that Tizanidine is not a sedative muscle relaxant and there is good evidence of benefits for use in long term myofascial pain. With the reported episodic use during flare-ups only, lack of side effects, and with the reported benefits it

is reasonable to approve this medication on a longer term basis. Approval would be consistent with Guideline recommendations for this particular muscle relaxant in these particular circumstances.