

Case Number:	CM14-0045756		
Date Assigned:	07/02/2014	Date of Injury:	02/01/2007
Decision Date:	08/25/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/14/2014

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:

This is a case of a 64-year old male who has submitted a claim for lumbar radiculopathy associated with an industrial injury date of 02/01/2007. Medical records from 2013 to 2014 were reviewed. The latest progress reports reveal that the patient has been complaining of chronic low back pain, which has remained unchanged since last visit. No new problems or side effects were noted. His activity level has remained the same. He claims that his medications are working well on his low back pain. The transcutaneous electrical nerve stimulation (TENS) unit, however, has not been effective for his pain. He also notes that he has interruptions in his sleep by pain and muscle spasms on a nightly basis. He notes that Tizanidine was helpful in the past to allow him to sleep. Examination of the lumbar spine reveals paravertebral tenderness on both sides. No limitation in range of motion, abnormal curvature, spinal process tenderness, and asymmetry were noted. Lumbar facet loading and straight leg raising test were likewise negative. Treatment to date has included medications, physical therapy, and TENS. He continues to be interested in non-pharmacologic treatment alternatives. Medications included Tizanidine, Celebrex, Norco, and Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine Hcl 4mg 1 x daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for pain) Page(s): 63.

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

Decision rationale: As stated on pages 63-66 of CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). They may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Tizanidine is a centrally acting alpha₂-adrenergic agonist that is Federal Drug Association (FDA) approved for management of spasticity and off label use for low back pain. In this case, the patient has been on chronic use of Tizanidine (undocumented date of medication initiation), which has been helpful in the past. However, recently, he currently still has sleep interruptions due to pain and muscle spasms despite Tizanidine. Efficacy of this drug diminishes over time and continued use of this drug may not be warranted. The clinical necessity of this medication has not been established, therefore, the request for Tizanidine 4 mg 1x daily #30 is not medically necessary and appropriate.