

Case Number:	CM14-0053664		
Date Assigned:	07/07/2014	Date of Injury:	05/05/2004
Decision Date:	08/28/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 55-year-old female who has submitted a claim for disc displacement and post laminectomy syndrome associated from an industrial injury date of May 5, 2004. Medical records from 2013-2014 were reviewed, the latest of which dated March 26, 2014 revealed that the patient has progressing low back pain. Her pain is a level of 9/10 without medications and 5/10 with medications. She can do dishes and laundry with medications but other activities of daily living are still difficult. A physical examination done on February 6, 2014 revealed tenderness noted on the right side of the lumbar paraspinal musculature. Active voluntary range of motion of the thoracolumbar spine was limited with forward flexion to approximately 45 degrees, extension to approximately 10 degrees, and lateral bending to approximately 15 degrees. She was unable to perform the heel and toe walk due to pain in the right hip and right knee. There is evidence of antalgic gait on the right side. Passive range of motion of the hip reveals pain in the direction of internal and external rotation. Treatment to date has included posterior lumbar fusion L3-L5 (2004), L2-3 fusion (2008), L1-L2 fusion (2012), physical therapy, and medications, which include Naprosyn, Lexapro, Bupropion, Lyrica, Norco, Flexeril, Prednisone Dose Pack and Tizanidine. Utilization review from April 3, 2014 denied the request for generic Tizanidine 4mg #30 with three refills because Tizanidine is not supported as being medically necessary and claimant is also taking Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Generic Tizanidine 4mg #30 with 3 refills: Upheld

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

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

Decision rationale: As stated on pages 63 and 66 of the California MTUS Chronic Pain Medical Treatment Guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond 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. The patient has been on Tizanidine since November 2010 for spasm. However, the most recent clinical evaluation does not indicate the presence of spasm. Moreover, the patient is on NSAIDs (Naprosyn) and muscle relaxant (Flexeril), and there is no clear indication at this time to necessitate adjunct treatment with another muscle relaxant. Furthermore, guidelines do not support long term use of Tizanidine. The medical necessity for Tizanidine was not established. Therefore, the request for generic Tizanidine 4mg #30 with 3 refills is not medically necessary.