

Case Number:	CM14-0056645		
Date Assigned:	07/09/2014	Date of Injury:	04/24/2013
Decision Date:	08/12/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/28/2014

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 patient is a 28-year-old male who was injured on 04/24/2013. He sustained an injury while riding a horse. The horse jerked to the left, and the patient went to the right and felt a snap to his back. A progress report dated 03/25/2014 states the patient complained of lumbar spine pain rated as an 8/10, sharp and achy in nature. Objective findings on exam revealed numbness and tingling radiating down the back of the legs to behind the knees. The patient complained of night-time pain and spasms. He has a diagnosis of L5 radiculopathy, L4, L5, and S1 facet arthropathy, and multilevel neural foraminal narrowing. Baseline labs have been recommended, along with MRI of the lumbar spine and EMG of the bilateral lower extremities. A utilization review dated 04/03/2014 states the requests for Tizanidine, CBC, Hepatic and Arthritis Panel, Chem 8 Panel, CPK and CRP are not certified, as there is no rationale/reasoning documented in request submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg, 1 tablet twice a day as needed, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-64, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tizanidine (Antispasmodic drugs).

Decision rationale: According to the California MTUS guidelines, Tizanidine (Zanaflex) is a centrally-acting alpha 2-adrenergic agonist that is FDA-approved for management of spasticity, with unlabeled use for low back pain. It has a hepatotoxicity side effect which requires liver function testing (LFT) baseline monitoring. The medical records indicate the patient has back pain with spasms and is diagnosed with lumbar radiculopathy and facet arthropathy. Spasm is different from spasticity, which is a condition due to neurological disorders of the central nervous system (i.e. upper neuron disease). Furthermore, there is no documentation of any trial and failure of physical therapy or physical modalities as treatment options. Therefore, the request for Tizanidine is considered not medically necessary or appropriate.

Lab work, to include CBC, Hepatic and Arthritis Panel, Chem 8 Panel, CPK and CRP:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm><http://labtestsonline.org/understanding/analytes/liver-panel/tab/test><http://labtestsonline.org/understanding/analytes/bmp/tab/glance><http://www.nlm.nih.gov/medlineplus/ency/article/003504.htm><http://www.nlm.nih.gov/medlineplus/ency/article/003356.htm>.

Decision rationale: CA MTUS and ODG do not address the issue in dispute. The Chem8 Panel is used as a broad screening tool to evaluate organ function or to monitor patients taking specific medications for any kidney or liver related side effects. Hepatic panel is also used for the evaluation of liver disorders or to monitor patients taking specific medications. Arthritis panel, CPK and CRP are used for the diagnosis of collagen vascular disorders or inflammatory disorders such as Lupus, Rheumatoid arthritis or myopathy. CBC is used for the evaluation of blood disorders such as anemia or as part of work up for infectious disease. The medical records do not document any of these indications apply to this injured worker. Therefore, the request for the above labs is not considered medically necessary or appropriate.