

Case Number:	CM14-0067609		
Date Assigned:	07/11/2014	Date of Injury:	04/22/2013
Decision Date:	09/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/12/2014

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 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:

After careful review of the medical records, this is a 32 year old female with complaints of low back pain and right lower extremity pain and weakness. The date of injury is 4/22/13 and the mechanism of injury is bending injury while replacing a lid cover which led to symptoms of back pain and lumbar surgery a week after the injury. At the time of request for tizanidine 4mg, there is subjective (low back pain/spasm, right leg pain) and objective (positive straight leg raise at 75 degrees, tenderness to palpation lumbosacral spine and severe spasm lumbar spine, restricted range of motion lumbar spine, with decreased strenght right lower extremity) findings, imaging findings (CT lumbar spine 3/11/14 which shows L4-L5 anterior and posterior fusion normal alignment and normal disc space height appropriate position of hardware, L4-L5 decompression with epidural scarring without central spinal stenosis, disc space narrowing L5/S1 greater than L3/4 with retrolisthesis L3 on L4, L3/L4 disc extrusion L5/S1 disc protrusion, spondylosis L3/4 thru L5/S1), diagnoses (Lumbar sprain/strain, thoracic/lumbosacral neuritis/radiculitis) and treatment to date (L4-L5 instrumented fusion, medications, physical therapy). In regards to Tizanidine, muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg once daily by mouth at bedtime for lumbar spine.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. Again, there is no documentation of drug efficacy, improvement in function, nor is there mention of any specific duration of treatment. Therefore, this drug is not medically necessary.