

Case Number:	CM14-0080795		
Date Assigned:	07/18/2014	Date of Injury:	07/26/2006
Decision Date:	10/02/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	06/02/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 69-year-old gentleman was reportedly injured on 26 July 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated June 13, 2014, indicates that there are ongoing complaints of neck pain and low back pain. There were also complaints of episodic muscle spasms in a recent flare of pain. The physical examination demonstrated an antalgic gait with the assistance of a walker. There was no tenderness in full range of motion of the lumbar spine. There was also a normal lower extremity neurological examination. Diagnostic imaging studies of the lumbar spine show severe facet hypertrophy and a grade 1 spondylolisthesis of L3 on L4 and L4 on L5. There was also a disc protrusion at L1 - L2, L2 - L3, and L5 - S1. Previous treatment includes a bilateral hip replacement and a right knee arthroscopy. A request had been made for Tizanidine and was not certified in the pre-authorization process on May 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #20: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Zanaflex is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, dated June 13, 2014, the injured employee has complaints of acute exacerbations and there are muscles spasms present on physical examination. For these reasons, the request for Tizanidine is medically necessary.