

Case Number:	CM14-0082304		
Date Assigned:	07/21/2014	Date of Injury:	01/19/2012
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/03/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 56-year-old male who reported an injury on 01/19/2012 due to an unknown mechanism. Diagnoses were low back pain secondary to lumbar spondylosis at the level of L4-5 and L5-S1 bilaterally, low back pain with degenerative disc disease at the level of L4-5 and L5-S1 with neural foraminal stenosis bilaterally, lumbar spine sprain/strain, and left sacroiliac joint arthropathy. Past treatments were not reported. Diagnostic studies were chest x-ray and echocardiogram. Surgical history was placement of a pacemaker. The physical examination on 05/01/2014 revealed complaints of low back pain. The examination revealed there was tenderness to touch in the bilateral lumbar paraspinal muscles. There was decrease in light touch sensation on the left L4-5 and S1 nerve direction. There was tenderness over the facet joints of low lumbar area. Straight leg test was positive on the left side. Lumbar range of motion was decreased with flexion to 40 degrees, extension was to 10 degrees, right tilt was to 15 degrees, left tilt was to 10 degrees, right rotation was to 20 degrees, and left rotation was to 20 degrees. There was spasm present in the lumbar spine. Medications were Norco 10/325 mg and Tizanidine 4 mg 1 at night time. The rationale was not submitted. The Request for Authorization was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, at hour of sleep for muscle relaxation.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 66.

Decision rationale: California MTUS Guidelines recommend Tizanidine (Zanaflex) as a non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbations for patients with chronic low back pain. The efficacy of this medication was not reported. The request does not indicate a quantity. Therefore, the request for Tizanidine 4mg, at hour of sleep for muscle relaxation is not medically necessary and appropriate.