

Case Number:	CM14-0084776		
Date Assigned:	07/21/2014	Date of Injury:	04/28/1999
Decision Date:	08/27/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 injured worker is a 67 year old female who had a work related injury on 04/28/99. There was no documentation for mechanism of injury. Accepted injuries, bilateral wrists, hands, bilateral knees, shoulder, and overlying psychiatric condition. Most recent medical record submitted for review dated 05/23/14, the injured worker presented with upper extremity pain bilaterally in hands and wrists aggravated by activity, hand function, and walking. Noted lower extremity pain bilaterally in the knees aggravated by activity, standing, and walking. She complained of increased knee weakness and instability. Pain rated 9/10 in intensity with medication and 10/10 without. Pain was reported as worse since last visit. Physical examination there was tenderness at bilateral knees. Moderate swelling was noted in the left knee and bruising. Range of motion of lower extremities bilateral knees was decreased due to pain. Motor exam showed decreased strength in bilateral lower extremities. X-ray of left knee dated 05/07/14 unremarkable views of left knee. X-rays of right knee three views dated 01/07/14 noted mild degenerative changes at the patellofemoral joint and medial compartment of the right knee. She was treated with Toradol/B12 injection. Prior utilization review on 05/22/14 was denied for Tizanidine was not recommended. In review of the records submitted for review her Visual Analog Scale (VAS) scores did not vary significantly with or without medication. There was no clinical documentation of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 2mg # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12ed. McGraw Hill 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Muscle relaxants (for pain).

Decision rationale: The request for Tizanidine HCL two milligrams #30 is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request for Tizanidine. There is no documentation of functional improvement on the medications. Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute Low Back Pain (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. Therefore is not medically necessary.