

Case Number:	CM14-0087142		
Date Assigned:	07/23/2014	Date of Injury:	02/27/2006
Decision Date:	09/12/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/10/2014

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:

According to the records made available for review, this is a 59-year-old male with a 2/27/06 date of injury. At the time (6/4/14) of request for authorization for Tizanidine 2mg #30, there is documentation of subjective (increased left knee pain and swelling) and objective (left knee swelling, pain with flexion, positive McMurray, and varus stress) findings, current diagnoses (knee osteoarthritis, lumbar intervertebral disc displacement without myelopathy, and knee internal derangement), and treatment to date (activity modification and medications (including Amrix, Celebrex, gabapentin, and Norco)). There is no documentation that tizanidine is being used as a second line option and for short-term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 16, Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014 Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of knee osteoarthritis, lumbar intervertebral disc displacement without myelopathy, and knee internal derangement. In addition, there is documentation of an acute exacerbation of chronic pain. However, there is no documentation that tizanidine is being used as a second line option and for short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Tizanidine 2mg #30 is not medically necessary.