

Case Number:	CM14-0118402		
Date Assigned:	08/06/2014	Date of Injury:	04/10/2005
Decision Date:	05/20/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/14/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

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 57 year old female who sustained an industrial injury 4/10/2005. Her diagnoses, and/or impressions, included: lumbar disc bulge; chronic left lumbar radiculopathy; left carpal tunnel syndrome, status-post release surgery; left greater trochanteric bursitis; acute post-traumatic sprain/strain of the cervical spine and left shoulder; post-traumatic chest contusions; status-post repeat left knee arthroscopy (12/27/11); back pain; and obesity. No current magnetic resonance imaging studies are noted. Her treatments have included lumbosacral facet rhizotomy/neurotomy (1/31/13); left carpal tunnel release surgery; left knee arthroscopic surgery; injection therapy to the left thumb and left elbow; failed trial of Tramadol, Vicodin, Trazadone, Nucynta & KGL compound rub; epidural steroid injection therapy; and medication management. Progress notes of 1/17/2014 reported complaints of severe back and left leg pain that worsen with activity and is improved with rest. The physician reported that her pain is axial in nature with no significant stenosis and that surgical intervention was not recommended and she should continue with further, non-operative treatments. The physician's requests for treatments were noted to include Tizanidine for muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2 mg, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 44, 66 and 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.