

Case Number:	CM14-0125852		
Date Assigned:	08/13/2014	Date of Injury:	05/15/2000
Decision Date:	07/20/2015	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/08/2014

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: California, 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 54 year old male, who sustained an industrial injury on 5/15/2000. He reported low back and knee pain. The injured worker was diagnosed as having chronic low back pain status post fusion, and knee tendinopathy. Treatment to date has included medications, back surgery, and imaging. The request is for Tizanidine, and Naprosyn. On 3/11/2015, he presented with continued low back pain. He reported he is still working. He takes Norco twice daily and at times once daily. He indicated supplementing this with Naproxen. He reported a new problem of right elbow pain which is unrelated to the case. He rated his low back pain as 5/10. Physical findings are noted as tenderness in the low back region. The treatment plan included: Norco and Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain patients, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. In this case, there is no documentation of acute exacerbation of low back pain warranting treatment with Tizanidine. In addition, there is no documentation of muscle spasm on physical examination. Therefore, the request for chronic Tizanidine is not medically necessary or appropriate.

Naprosyn 500mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: CA MTUS recommends NSAIDs at the lowest dose for the shortest time period in patients with moderate to severe pain. They are recommended as a second-line treatment after Acetaminophen for acute exacerbations of chronic back pain. In this case, there is no evidence of an acute exacerbation of low back pain. NSAIDs have a significant GI and cardiovascular risk profile and chronic use should be avoided. Therefore this request is deemed not medically necessary or appropriate.