

Case Number:	CM14-0138078		
Date Assigned:	09/05/2014	Date of Injury:	10/03/2011
Decision Date:	02/28/2015	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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: Colorado

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:

25 year old female with date of injury 10/3/2011 continues care with the treating physician. Patient's primary complaint is chronic low back pain radiating to legs. The records supplied for review do not include comprehensive information on patient treatments thus far. MRI of lumbar spine is reported to show disc protrusion at L5-S1, but no significant nerve impingement. Per the records, EMG reported to be normal. Patient is maintained on pain medication and muscle relaxers, though the medications are not specifically listed in the notes. The treating physician requests refill of Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizandine 4mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 Revision, Web Edition Official Disability Guidelines (ODG), Web Edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 63 AND 66.

Decision rationale: Per the Guidelines, Tizanidine, a centrally acting muscle relaxant approved for use to treat spasticity, is recommended for musculoskeletal pain associated with spasm, but only for a short course. It has been shown to help low back pain in several studies and to help myofascial pain in one study. The antispasmodic / anti-spasticity drugs have diminishing effects over time, so are not recommended for long term use. No quality consistent evidence exists to support chronic use of Tizanidine. The records supplied for the patient of concern do not specifically indicate patient has been taking Tizanidine, but they reference use of muscle relaxers as far back as March 2014. The records also do not indicate that there has been any assessment for functional improvement or significant pain relief when using the muscle relaxers. As there is no support, per the guidelines, for long term use of muscle relaxers, and no evidence of that Tizanidine or other muscle relaxers have helped patient, the request for continued Tizanidine is not medically indicated.