MAXIMUS Federal Services

Case Number:	CM14-0187063		
Date Assigned:	11/17/2014	Date of Injury:	01/28/2000
Decision Date:	01/05/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/10/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 51 year old female with an injury date of 01/28/2000. Based on the 08/22/14 progress report, the patient complains of pain in her mid to lower back which radiates to her buttocks, bilateral hips, legs, and right foot. This pain is associated with numbness, tingling, burning, throbbing, stabbing, aching, stiffness, and weakness. She has depression, anxiety, insomnia, frustration, and personal relationship difficulties. There is mildly positive paraspinal tenderness to the mid thoracic and lumbar spine. She has a positive right sciatic nerve stretch test and a positive straight leg raise. She rates as a 6/10 and has a limited range of motion. The patient uses a back brace as needed. No further positive exam findings were provided from other progress reports. The patient's diagnoses includes lumbar spine sprain/strain, thoracic spine sprain/strain, lumbar spine radiculopathy and complaint of right lower extremity paresthesiaThe utilization review determination being challenged is dated 10/30/14. Three treatment reports were provided from 08/22/14, 09/02/14, and 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60, twice daily by mouth as needed, no refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS; Medications for chronic pain Page(s): 66, 60, 61.

Decision rationale: According to the 08/22/14 report, the patient presents with pain in her mid to lower back which radiates to her buttocks, bilateral hips, legs, and right foot. MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Patient's diagnoses dated 10/13/14 include lumbar spine sprain/strain; however, the physician does not discuss medication efficacy. There is no discussion as to how Tizanidine has been helpful with pain and function, as required by MTUS page 60. Recommendation is for denial.