

Case Number:	CM14-0191298		
Date Assigned:	12/18/2014	Date of Injury:	05/24/2010
Decision Date:	01/16/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 and 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 53 year old female with an injury date on 05/24/2010. Based on the 07/21/2014 progress report provided by the treating physician, the diagnoses are: 1. Anxiety state, unspecified 2. Chronic pain other 3. Depressive disorder, not otherwise specified 4. Cervical Radiculopathy 5. Cervical Spinal Stenosis 6. Status post carpal tunnel release on right 7. Status post total knee replacement 8. Status post knee surgery, tx under FMC According to this report, the patient complains of constant neck pain that radiates to the bilateral upper extremities with intermittent numbness and tingling; and constant low back pain that radiates to the bilateral lower extremities. The patient reports bowel dysfunction, constipation, irritable bowel syndrome, and severe difficulty in sleep. Pain is rated as an 8/10 with medications and 10/10 without medications. The patient reported pain is unchanged since last visit. Physical exam reveals tenderness at the C5-C7 cervical levels. Range of motion is restricted. Decreased sensation is noted at the left upper extremity, with the affected dermatone C8. There were no other significant findings noted on this report. The utilization review denied the 2 requests for Retrospective Tizanidine 4mg #30 DOS: 8/11/14 on 10/20/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/12/2014 to 09/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tizanidine 4mg #30 DOS: 8/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) and Antispasticity/antispasmodic drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs Page(s): 66.

Decision rationale: According to the 07/21/2014 report, this patient presents with constant neck and low back pain that radiates to the bilateral upper/ lower extremities. The current request is for Retrospective Tizanidine 4mg #30 DOS: 8/11/14. Tizanidine a muscle relaxant was first noted in the 05/12/2014 report. The MTUS guidelines page 66 state, "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." In this case, given the patient's chronic pain, the use of this medication may be indicated. However, the treating physician does not explain how this medication is being used with what effectiveness. The MTUS guidelines page 60 require documentation of medication efficacy when it is used for chronic pain. The request is not medically necessary.

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