

Case Number:	CM14-0191961		
Date Assigned:	11/25/2014	Date of Injury:	05/18/2010
Decision Date:	01/23/2015	UR Denial Date:	10/30/2014
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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 58 female who was injured on 5/18/2010. She was diagnosed with lumbar sprain, lumbago, lumbar facet arthropathy, and later chronic pain syndrome. She was treated with medications, lumbar epidural and facet joint injections, and radiofrequency ablation of the lumbar facet joints. The worker was seen by her primary treating physician on 8/14/14, when she reported neck pain, rated 7/10 on the pain scale, upper back pain, rated 4/10 on the pain scale, lower back pain, rated 8/10 on the pain scale with associated numbness and tingling into legs/ankles, right knee pain, rated 8/10 on the pain scale (all pain ratings associated with no medication use). She also reported insomnia related to her symptoms. Although she did not take her medications that day, she reported taking regularly Norco, Prilosec, Flurbiprofen, Camphor, Menthol, and Capsaicin. Physical examination included cervical paraspinal tenderness and spasm as well as lumbar paraspinal tenderness. She was then recommended a lumbar facet block, Tizanidine for muscle spasm, and continuation of her current medications. Follow-up note from 9/8/14 reported the Norco and Tizanidine helping her pain, although no more detail was provided. On 10/14/14, a request for a refill on Tizanidine was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg by mouth twice a day as needed, as prescribed on 10/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 63-66.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, Tizanidine was used for many weeks leading up to this request for renewal with the worker having reported some help from this medication, although this was not measurable. However, due to this medication not recommended for chronic use, as it was being used, it is not appropriate to continue as such. Therefore, this request is not medically necessary.