

Case Number:	CM14-0197629		
Date Assigned:	12/05/2014	Date of Injury:	06/08/2010
Decision Date:	01/23/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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 45 year old female with an injury date on 06/08/2010. Based on the 09/11/2014 progress report provided by the treating physician, the diagnoses are: 1. Status post lumbar fusion at L5-S1, 2. ADR L4-5, 3. Neuropathy pain, 4. Status post shoulder arthroscopy5. Left frozen shoulder. According to this report, the patient complains of constant, sharp, achy, dull and stabbing lumbar pain that radiates to the right leg and down to the toes with weakness, numbness and tingling sensation. Pain is rated at a 7/10 and has remained unchanged since last visit. Physical exam reveals tenderness over the bilateral lumbar paraspinous musculature with guarding and spasm. Straight leg raise is positive on the right. There is mild decreased sensation in the right L4, L5 and S1 dermatomes. The treatment plan is refill medications, engage in home exercise program, and see [REDACTED] for second opinion in regard to low back, pending appointment with [REDACTED] in regard to the left shoulder, and return to clinic in four to six weeks for follow-up. There were no other significant findings noted on this report. The utilization review denied the request for Tizanidine 2mg #60 on 10/29/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 01/30/2013 to 09/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the 09/11/2014 report, this patient presents with constant, sharp, achy, dull and stabbing lumbar pain that radiates to the right leg and down to the toes with weakness, numbness and tingling sensation. The current request is for Tizanidine 2mg #60. Tizanidine, a muscle relaxant was first noted in the 04/05/2014 report. The MTUS guidelines page 66, "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." Review of the reports provided by the treating physician, this patient presents with chronic pain and has had surgery. The treating physician indicates that "the patient is doing well on with her current medication regimen;" included Norco, Tramadol ER, Tizanidine, and Zofran. MTUS supports the use of Tizanidine. In this case, given that the patient's chronic pain and has had surgery and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request is medically necessary.