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| Case Number: | CM14-0200222 | | |
| Date Assigned: | 12/10/2014 | Date of Injury: | 07/18/1996 |
| Decision Date: | 01/26/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 12/01/2014 |

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 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:

This is a 70 year old male who sustained a work related injury on 7/18/1996 while lifting a heavy motor. Per the Primary Treating Physician's Progress Report dated 10/28/2014, the injured worker reported severe morning pains in his low back and trouble sleeping. He reports that the prescribed medications do help with his back pain. The pain has calmed down but he has to be careful and move slowly and not too far. He wears a lumbar corset when the pain is severe. Physical Examination revealed a positive supine straight leg raise test at 50, and weakness of the extensor halluc longus graded 4/5. He walks with a cane. Diagnoses included L3-4 spondylolisthesis grade II and spinal instability. The plan of care included medication management and change of positions frequently. On 11/04/2014, Utilization Review non-certified a prescription for Tizanidine HCL 2 mg, ninety count, based on lack of medical necessity and lack of documented functional improvement. There was no documentation of any prior physical therapy. The CA MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 2 mg, #90: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Tizanidine for over a month. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Tizanidine is not medically necessary.