

Case Number:	CM14-0201815		
Date Assigned:	12/04/2014	Date of Injury:	09/29/2010
Decision Date:	01/29/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal Medicine 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 injured worker (IW) is a 36-year-old woman with a date of injury of September 29, 2010. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are low back pain; and lumbar radiculitis. Magnetic resonance imaging (MRI) reveals no significant lumbar disc protrusion, canal stenosis, or foraminal stenosis. Pursuant to the progress note dated October 28, 2014, the IW presents for follow-up with no new complains. She reports that with medications, she is able to keep her pain manageable at 2-3/10, which allows her to do modified work duty as well as activity of daily living. Objective findings reveal no significant change. Current medications include Norco 10/325mg, Ibuprofen 800mg, Robaxin, Biofreeze, Lyrica 75mg, Diclofenac 75mg, and Tizanidine 4mg. Documentation indicated that the IW has been taking Robaxin since May 8, 2014 according to a progress note with the same date. There are no detailed pain assessments or evidence of objective functional improvement with the long-term use of muscle relaxants. The provider documents in the treatment plan the IW will be given Robaxin #60 and Tizanidine 4mg #60 in order to transition from the Robaxin to the Tizanidine. The current request is for Tizanidine 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine. Decision based on Non-MTUS Citation Official Disability Guidelines, Tizanidine

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 4 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are low back pain; and lumbar radiculitis. MRI does not show significant lumbar disc protrusion, canal stenosis or spinal stenosis. The medical record indicates the injured worker was taking Robaxin (another muscle relaxant) from May 8, 2014 until October 28, 2014. There is no documentation of objective functional improvement. The documentation does not indicate the rationale for switching to Tizanidine 4mg. The guidelines recommend short-term (less than two weeks) treatment with muscle relaxants. The treating physician has exceeded the recommended guidelines by a minimum of five months. The documentation does not contain any compelling clinical facts to support the ongoing use of muscle relaxants, Tizanidine 4mg. The documentation indicates both Robaxin and Tizanidine are being taken concurrently. Consequently, after the appropriate clinical indications and supporting documentation with objective functional improvement and the dual use of two muscle relaxants, Tizanidine 4mg #60 is not medically necessary.