

Case Number:	CM14-0206134		
Date Assigned:	12/18/2014	Date of Injury:	05/03/2013
Decision Date:	02/06/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/09/2014

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 Rehab 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 51 year-old housekeeper sustained an injury on 5/3/13 while employed by [REDACTED]. Request(s) under consideration include Tizanidine 4 mg qhs #30. Diagnoses include left ankle sprain/ partial tear of preneus brevis/ medial deltoid ligament sprain/ mild degenerative osteoarthritis; tibialis posterior tenosynovitis; and right heel plantar fasciitis. Report of 11/3/14 from the provider noted multiple MRI studies of the left ankle dated 6/26/13, 1/24/14, and 2/4/14 which showed findings under diagnoses. Report of 10/9/14 noted chronic ongoing left foot and ankle pain rated at 7/10 which radiates into the left heel associated with numbness and intermittent swelling. Exam showed unchanged findings of antalgic gait on left; tenderness of left deltoid ligament and posterior tibial tendon; range of left ankle associated with pain with 4/5 ankle DF and PF strength; unchanged. Treatment to continue medications which list Celebrex, Omeprazole, Lidoderm patch, Flector patch along with PT and gym membership. The request(s) for Tizanidine 4 mg qhs #30 was non-certified on 11/10/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg qhs #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

Decision rationale: The request(s) for Tizanidine 4 mg qhs #30 was non-certified on 11/10/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of May 2013. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Tizanidine 4 mg qhs #30 is not medically necessary and appropriate.