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| Case Number: | CM14-0207191 | | |
| Date Assigned: | 12/19/2014 | Date of Injury: | 09/24/2001 |
| Decision Date: | 02/12/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/10/2014 |

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, 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 52 year old male with the injury date of 09/24/01. Per physician's report 11/06/14, the patient has left foot pain at 8/10. The patient is currently taking ibuprofen, Metformin, Glyburide, Levothyroxine, Tricor, Lovaza, Januvial, Lisinopril, omeprazole, Humulin, Norco and Tizanidine. The patient stopped Cyclobenzaprine, Metrol and Tegaderm topical bandage. The patient had Lumbar sympathetic block left L2-3 on 05/30/14. The diagnosis is causalgia of lower limb. Per 10/29/14 progress report, the patient has low back pain and left foot pain at 8/10. The patient uses a cane. The patient has hypersensitivity and swelling of the left foot and left ankle with decreased range of motion. Per 09/03/14 progress report, the patient is taking several medications including Tizanidine 4mg 1 tablet once a day PRN. The utilization review determination being challenged is dated on 11/26/14. Treatment reports were provided from 11/27/13 to 12/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; Medications for Chronic Pain Page(s): 64-66; 60, 61.

Decision rationale: The patient presents with pain in his lower back and left foot. The request is for Tizanidine 4mg #30 with 1 refill. The patient started utilizing this medication since 06/11/14. MTUS guidelines page 64-66 recommend muscle relaxants as a short course of therapy. Page 66 specifically discusses Tizanidine and supports it for low back pain, myofascial and fibromyalgia pain. In this case, the patient does present with low back pain which this medication indicates for. However, there is no discussion as to how this medication has been helpful with pain and function. Page 60 of MTUS states that when medication is used for chronic pain, recording of pain and function needs to be provided. Therefore, the request of Tizanidine IS NOT medically necessary.