

Case Number:	CM14-0209589		
Date Assigned:	12/22/2014	Date of Injury:	04/20/2003
Decision Date:	02/17/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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 New York. 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 is a 41 year-old female who was injured on 4/20/03. She complains of bilateral arm pain and numbness on the left and lower back pain radiating to bilateral lower extremities. On exam, she had decreased range of motion of cervical spine, full range of motion of upper extremities, abnormal reflexes, normal sensation, decreased strength of the right deltoid. A 6/2009 cervical MRI showed central focal disc protrusion of moderate size at C6-7 with mild flattening of the cervical cord, mild broad-based disc protrusion at C5-6 without significant mass effect or central canal narrowing. She had a normal electrodiagnostic study on 11/2010. A 2011 lumbar MRI showed severe facet osteoarthritis of L4-5 and L5-S1. She was diagnosed with lumbar degenerative disc disease, axial low back pain with bilateral lumbar radiculopathy, cervical spinal stenosis with cord compression C6-7 and major depression, postlaminectomy syndrome, lumbar plexopathy, hyperalgesia of lower extremities, and lower extremity weakness. In 2005, she had a lumbar laminectomy/discectomy. In 2/2010, she had L4-5 and L5-S1 artificial disc replacement and did well after, but then had increasing back and leg pain. She had bilateral L3-4 transforaminal epidural steroid injection in 2011. In 7/2011, she had lumbar fusion surgery with posterior lumbar plexus injury and foot drop. She required right knee arthroscopy for chondroplasties and microfracture. She had physical therapy and water therapy with improvement. Her medications included opioids, muscle relaxants, and sleep aids. The current request is for Tizanidine and Opana ER. Opana ER was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Page(s): 63-66.

Decision rationale: The request for Tizanidine is not medically necessary. Tizanidine is FDA approved for the management of spasticity, but used off-label to treat low back pain. It is also used for chronic myofascial pain. According to MTUS guidelines, muscle relaxants may be "effective in reducing pain and muscle tension and increasing mobility. However, in most lower back cases, they show no benefit beyond NSAIDs in pain and overall improvement." There is also no benefit to the combination of muscle relaxants and NSAIDs. Efficacy wanes over time and chronic use may result in dependence. The patient was first prescribed it in 2013. Muscle relaxants should be used for exacerbations but not for chronic use. Therefore, the request is considered not medically necessary.

Opana extended release 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 78-79.

Decision rationale: The request for opana ER was certified by utilization review. (p914 of chart)