

Case Number:	CM14-0061836		
Date Assigned:	07/09/2014	Date of Injury:	06/14/2012
Decision Date:	01/02/2015	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/02/2014

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 Anesthesia, has a subspecialty in Pain Medicine and Acupuncture 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 is a 59 year old female who sustained a work related injury on June 14, 2012. Results of the injury include pain to the neck and sharp aching pain to the low back that comes and goes. The pain radiates to the left lateral hip and left inguinal region down the left leg. There is intermittent numbness and paresthesia in the left lower extremity. There is right knee pain. There is numbness and swelling to the left ankle. Diagnosis include status post basilar femoral neck fracture, status post closed reduction and percutaneous pinning with three cannulated screws June 15, 2012, left lower extremity inequality, low back strain with left lower extremity L5 radiculopathy, sleep disturbance due to low back pain due radiating to the left hip, weight gain, gastro esophageal reflux disease with the use of norco, and left ankle strain. Computed tomography scanogram of the lower extremities showed leg length inequality with surgical hardware was noted. X rays of the left hip showed surgical hardware in place. Computed tomography scan of the left hip showed three metallic pins transfixing a basilar neck fracture, left hip. Lumbosacral spine x-rays showed anterolateral degenerative hypertrophic spurs, lower lumbar spine. There was narrowing of the L5-S1. Magnetic resonance imaging scan of the left knee showed a diagnosis consistent with moderate to severe tricompartmental osteoarthritis with full thickness patellofemoral cartilage loss, left knee. There was a mild anterior cruciate ligament strain, left knee. MRI scan of the lumbar spine showed at level L5-S1 there was a left foraminal stenosis and lateral recess stenosis bilaterally but more predominant on the left. Physical examination noted October 25, 2014 was noted for limitation of motion of the left lower extremity. The lumbar spine had asymmetric limitation of motion in the frontal plane. There was muscle guarding on extension and right lateral bending of the lower spine. The left knee was positive for crepitation with limitation of flexion with the left knee. Treatment included non steroidal anti-inflammatories, H2 antagonist, proton pump inhibitors, analgesics, cortisone

injections, a heel lift, and modified work restrictions. Utilization review form dated April 2, 2014 noncertified Tizanidine 4mg, #30 due to noncompliance with MTUS guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p63 "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain)." Per MTUS Chronic Pain Medical Treatment Guidelines p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The documentation submitted for review indicates that the injured worker has been using this medication since at least 12/2013. As this class of medication is recommended only for short-term use, the request is not medically necessary.