

Case Number:	CM14-0065097		
Date Assigned:	10/13/2014	Date of Injury:	01/19/2012
Decision Date:	03/12/2015	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old male who sustained an industrial related injury on a continuous trauma basis from 1/19/11 to 1/19/12. The treating physician's report dated 3/27/14 noted the injured worker had complaints of low back pain with lumbar spondylosis and degenerative disc disease. Physical examination findings included tenderness to touch in bilateral lumbar paraspinal muscles, decrease in light touch sensation on the left L4-S1 nerve distributions. Tenderness over the facet joints of the low lumbar area was noted. A straight leg raise test was positive on the left and spasm was present with range of motion of the lumbar spine. Diagnoses included low back pain secondary to lumbar spondylosis at the level of L4-5 and L5-S1, low back pain with degenerative disc disease at the level of L4-5 and L5-S1 with neuroforaminal stenosis bilaterally, lumbar spine sprain/strain, and left sacroiliac joint arthropathy. The physician noted the injured worker reported more than 50% pain relief with the current medications including Norco and Tizanidine. The UDS reports was consistent with prescribed opioids. On 4/11/14 the treating physician requested authorization for Tizanidine 4mg #30. On 4/28/14 the request for Tizanidine 4mg #30 was non-certified. The utilization review (UR) physician cited the Medical Treatment Utilization Schedule guidelines and noted there is question as to how the injured worker actually takes the medication as opposed to how it is prescribed. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg QHS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter Muscle Relaxants

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the shortterm treatment of exacerbation of musculoskeletal pain that did not respond to standard treatment with NSAIDs and PT. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and sedatives. The records indicate that the patient had utilized Tizanidine longer than the guidelines recommended maximum duration of 4 -6 weeks. There is no documentation of worsening muscle spasms or failure of PT / home exercise program. The criteria for the use of Tizanidine 4mg #30 was not met.