

Case Number:	CM15-0000312		
Date Assigned:	01/09/2015	Date of Injury:	11/14/2013
Decision Date:	03/11/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 54 year old female, who sustained an industrial injury on 11/14/2013. She has reported low back pain. The diagnoses have included lumbar disk degeneration, lumbosacral spondylosis, lumbar disk displacement, and spondylolisthesis. Treatments to date have included medications, epidural steroid injection, and physical therapy. Diagnostic studies have included an MRI of the lumbar spine, dated 01/14/2014, which revealed a mild posterior disk protrusion at L4-L5 without other significant changes. Currently, the IW complains of low back pain and left leg pain. A progress note from the treating physician, dated 11/24/2014, documented the IW to have tenderness to palpation of the lumbar spine on the left and at the left sciatic notch, decreased range of motion of the lumbosacral spine, and 75% improvement of the left-sided sciatica after the left transforminal epidural steroid injections at L4-L5, performed on 09/12/2014. The IW reported a recent hospitalization for stomach/abdominal problems. The treatment plan included continuation of current medications, continuation of modified work status, as temporarily partially disabled, and follow-up evaluation in one month. On 12/16/2014 Utilization Review non-certified a prescription for Tizanidine 4 mg 1/2 to 1 tablet TID QTY: 90, noting the lack of documentation of acute muscle spasms or short-term treatment. The MTUS and ODG were cited. Treating physician notes dated 10/07/2014 and 11/24/2014 were also reviewed. On 12/24/2014, the injured worker submitted an application for IMR for review of Tizanidine 4 mg 1/2 to 1 tablet TID QTY: 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tizanidine 4mg #90 . Date of service 11/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-sedating muscle relaxants

MAXIMUS guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of medications Page(s): 63-66, 124..

Decision rationale: Tizanidine is a medication in the antispasmodic class of muscle relaxants. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation concluded the worker was suffering from lumbosacral spondylosis, a herniated disk, lumbar degenerative disk disease, and spondylolisthesis. These records suggested the worker had been taking this medication for longer than a month. There was no discussion exploring potential negative side effects, describing improved pain or function due to the specific use of tizanidine, or detailing special circumstances that sufficiently supported the continued use of this medication. In the absence of such evidence, the current request for ninety tablets of tizanidine 4mg for the date of service 11/24/2014 is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.