

Case Number:	CM15-0006115		
Date Assigned:	01/21/2015	Date of Injury:	02/15/2011
Decision Date:	03/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

Certification(s)/Specialty: Internal 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 48 year old female, who sustained an industrial injury on 02/15/2011. She has reported low back pain. The diagnoses have included lumbar spine/strain with bilateral sciatica, lumbar spine degenerative disc disease at L4-5 with radicular symptoms, and lumbar disc displacement. Treatment to date has included medications, physical therapy, and acupuncture sessions. Medications have included Ibuprofen, Prilosec, and Tizanidine. A progress report from the treating physician, dated 12/01/2014, documented a follow-up visit with the injured worker. The injured worker reported low back pain, left side greater than right, with radiation to the left lower extremity, with occasional numbness and tingling; pain is rated at 3/10 on the visual analog scale, and 6/10 at its worst. Objective findings included tenderness to the left and right lumbar and lumbar-sacral spine regions with decreased range of motion; and positive straight leg raise on the left. The treatment plan has included a Tizanidine prescription; and follow-up evaluation. On 12/08/2014 Utilization Review modified a 1 prescription of Tizanidine 4 mg, #30 with 1 refill, to Tizanidine 4 mg, #21. The MTUS, Chronic Pain Medical Treatment Guidelines: Muscle Relaxants; and the ODG, Pain (Chronic) were cited. On 01/06/2015, the injured worker submitted an application for IMR for review of a 1 prescription of Tizanidine 4 mg, #30 with 1 refill.

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 Muscle Relaxants: Tizanidine. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) address muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Zanaflex (Tizanidine) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored. Medical records document the long-term use of Tizanidine (Zanaflex). MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend long-term use of muscle relaxants. The request for Tizanidine (Zanaflex) is not supported by MTUS and ACOEM guidelines. Therefore, the request for Tizanidine is not medically necessary.