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| Case Number: | CM15-0009420 | | |
| Date Assigned: | 01/30/2015 | Date of Injury: | 03/30/2011 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/09/2015 |
| Priority: | Standard | Application Received: | 01/15/2015 |

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old female, who sustained a work related injury on 3/30/11. The diagnoses have included low back pain with radiating symptoms to lower legs, lumbar spondylosis, right sacroiliac joint arthroplasty and right ischial tuberosity irritation. Treatments to date have included injections and oral medications. The injured worker complains of low back pain and pain that radiates down both legs. She complains of numbness and tingling down both legs. She has tenderness to palpation of lower back. She has decreased range of motion in lower back. On 12/9/14, Utilization Review non-certified a prescription request for Tizanidine 4mg., #30. The California MTUS, Chronic Pain Treatment Guidelines, were cited. On 12/9/14, Utilization Review modified a prescription request for Tramadol 50mg., #30. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg ; Quantity: 30 One Time Nightly: Overturned

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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The patient presents with low back pain. The current request is for Tizanidine 4 mg ; QTY: 30 One Time Nightly. The treating physician states, “The patient continues to complain of low back pain, which radiates to her lower extremities, worse on the right side. I am requesting authorization to start Tizanidine 4 mg q.h.s. for muscle relaxation to help with pain and insomnia secondary to the pain.” (C.46/47) The MTUS guidelines state Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The guidelines do recommend Tizanidine and states that muscle relaxants may be effective in reducing pain and muscle tension as well as increasing mobility. In this case, the treating physician has stated that the current request is intended to help the patient sleep and relax the affected muscles. The current request is for a one-month supply which is within the short term usage time frame. The current request is supported by the MTUS Guidelines and the recommendation is for authorization.