

Case Number:	CM15-0102092		
Date Assigned:	06/04/2015	Date of Injury:	10/14/2011
Decision Date:	07/02/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 38 year old male, who sustained an industrial injury on October 14, 2011, incurring low back injuries after lifting heavy tools. Lumbar Magnetic Resonance Imaging revealed disc protrusion with impingement on the nerve root and bilateral lumbar stenosis. He was diagnosed with lumbar disc disease with lumbar stenosis. Treatment included lumbosacral brace, pain medications, proton pump inhibitor, physical therapy, neuropathic medications, and work restrictions. Because of persistent low back pain, the injured worker underwent micro discectomy and lumbar foraminotomy on June 26, 2013. Currently, the injured worker continued to have low back pain radiating into the left lower extremity and into the left foot. He also had limited range of motion and decreased lumbar sensation. The treatment plan that was requested for authorization included a prescription for Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #66: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant sustained a work injury in October 2011 and underwent lumbar spine surgery in June 2013. When seen, he was having low back pain and left lower extremity symptoms. There had been side effects when taking gabapentin. He was continuing to take tizanidine for myofascial pain. There was lumbar paraspinal tenderness with decreased left lower extremity sensation. There was decreased left lower extremity strength with positive straight leg raising. Medications were refilled. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is therefore not medically necessary.