

Case Number:	CM15-0102679		
Date Assigned:	06/05/2015	Date of Injury:	07/24/2011
Decision Date:	07/07/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/28/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on 7/24/2011. She reported neck, and low back pain. The injured worker was diagnosed as having cervical radicular pain, lumbar radicular pain, post-traumatic stress disorder, and depression. Treatment to date has included medications, TENS, physical therapy, home exercise program, and lumbar epidural steroid injection. The request is for Tizanidine HCL. On 3/13/2015, she reported continued low back pain with numbness and tingling in both legs. She rated her pain a 3-5/10, and described it as a dull constant pain. She is reported to have significant relief of pain with Gabapentin, and a lumbar epidural steroid injection 3 months prior. She is working part time. Physical findings revealed decreased sensation in the right lower extremity compared to the left. Her gait is non-antalgic. She has a full range of motion of the lumbar spine; tenderness is noted along the low back with slight radiation down the right leg. A straight leg raise test is negative bilaterally. Records for date of service 5/22/2015, were supplied for this review; however are after the UR report date. The treatment plan included: Prazosin, Gabapentin, repeat lumbar epidural steroid injection, psychology referral, home exercise program, and follow up. The records do not indicate issues with muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 20 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was insufficient documentation provided to help explain the request for a muscle relaxant such as tizanidine. There was no report of muscle spasm or objective physical findings suggestive of this to warrant this request. Also, the request for 90 pills of tizanidine suggested an intention to treat with this medication beyond any acute short phase, which is not recommended for this medication class. Therefore, the request for tizanidine 20 mg #90 will be considered medically unnecessary at this time.