

Case Number:	CM15-0105467		
Date Assigned:	06/09/2015	Date of Injury:	06/16/2013
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/01/2015

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: 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:

This 60 year old male sustained an industrial injury to the neck and low back on 6/16/13. Previous treatment included magnetic resonance imaging, electromyography, physical therapy, trigger point injections, heat packs and medications. Electromyography (2/1/14) showed multilevel left lumbar spine radiculopathy. In a progress note dated 5/7/15, the injured worker complained of pain to the low back, right knee and ankle, bilateral legs and bilateral hips. The injured worker complained of increased pain and immobility since his last visit. The injured worker reported having severe pain and subsequent dysfunction due to delays in treatment. The physician noted that the injured worker was not independent in his activities of daily living. The injured worker's current medication regimen was noted to be ineffective for pain management. The injured worker stated that his current regimen allowed for 50% reduction in pain symptoms and improved function. Physical exam was remarkable for tenderness to palpation over the paraspinal musculature, facet joints and sacroiliac joints and intact lower extremity sensation. The physician could not assess range of motion due to pain. The injured worker ambulated with a slow, antalgic gait, exhibited a forward flexed body postures, had difficulty getting out of the chair and was unable to take off/on his shoes due to lumbar pain. Current diagnoses included lumbar spine radiculopathy, low back pain and knee pain. The treatment plan included continuing medications (Mobic, Norco, Tizanidine and Gabapentin) and continuing exercise as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, every day for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine (Zanaflex), is not medically necessary.