

Case Number:	CM15-0105879		
Date Assigned:	06/10/2015	Date of Injury:	04/29/1998
Decision Date:	07/13/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/02/2015

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: Arizona, California
 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 62-year-old female, with a reported date of injury of 04/29/1998. The diagnoses include cervical disc displacement, status post anterior cervical discectomy and fusion at C7-T1, status post anterior posterior cervical decompression and fusion at C4-C7, and anterior cervical decompression and fusion at C7-T1. Treatments to date have included an MRI of the cervical spine on 05/17/2011, oral medications, and cervical spine surgeries. The progress report dated 03/16/2015 indicates that the injured worker stated that she had increased neck pain with radiation to the bilateral arms, left more than the right. The physical examination showed healed surgical incisions on the cervical spine, no tenderness to palpation of the cervical spine, and intact sensation to light touch of the cervical spine. The injured worker's condition remained permanent and stationary. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested Tizanidine 4mg #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine tablet 4mg day supply: 30 qty: 30 refills: 2 Rx date 5/19/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Tizanidine for at least 5 months without consistent measure of pain scores. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore, Tizanidine with 2 addition refills requested is not medically necessary.