

Case Number:	CM15-0108492		
Date Assigned:	06/15/2015	Date of Injury:	06/05/2007
Decision Date:	07/20/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/05/2015

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: Texas, 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:

This is a 50 year old male patient who sustained an industrial injury dated 06/05/2007. The diagnoses include bilateral knee pain, right greater than left due to mild degenerative joint disease. Per the progress note dated 04/23/2015, he had continued improvement with bilateral knee pain. He rated pain a 4/10. The physical examination revealed tenderness to palpitation of bilateral knees, antalgic gait and decrease range of motion with intact sensation and intact neuro-circulatory status. The medications list includes norco, percocet, tizanidine, celebrex and omeprazole. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, home exercise therapy and periodic follow up visits. Treatment plan consisted of medication management. The treating physician prescribed Tizanidine 4mg #60 with 6 refills now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 with 6 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex) page 66.

Decision rationale: Q-- Tizanidine 4mg #60 with 6 refills According to MTUS guidelines: Tizanidine (Zanaflex, generic available) 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. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia. The patient has chronic bilateral knee pain with the presence of objective findings of limited range of motion and tenderness. Tizanidine is a first line option and is recommended for chronic myofascial pain. The request of Tizanidine 4mg #60 with 6 refills is deemed medically appropriate and necessary for this patient.