

Case Number:	CM15-0130125		
Date Assigned:	07/16/2015	Date of Injury:	04/21/2013
Decision Date:	08/18/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/06/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 57 year old male, who sustained an industrial injury on April 21, 2013. The injured worker was diagnosed as having spondylolisthesis at L4-L5 with instability, post laminectomy syndrome at L5-S1 status post fusion in 1980's, bilateral nerve root impairment at L5 likely from the L4-L5 level and possibly from the L5-S1 level, radiculopathy and radiculitis in the bilateral lower extremities progressively getting worse despite excellent conservative care for over a year, recurrent left leg pain after recent industrial injury, and foraminal stenosis moderate to severe at left L4-L5, greater on the right side. Treatments and evaluations to date have included physical therapy, activity modification, electromyography (EMG), epidural steroid injection (ESI), facet injections, MRI, x-rays, and medication. Currently, the injured worker complains of worsening leg pain, numbness, and weakness, and worsening back pain. The Primary Treating Physician's report dated June 4, 2015, noted the injured worker's visual analog scale (VAS) as 9/10. Physical examination was noted to show the injured worker with an antalgic gait due to left leg pain, pain to palpation over the L4-L5 and L5-S1 areas with palpable muscle spasms noted, range of motion (ROM) limited secondary to pain, diminished sensation in the left worse than right lower extremity in the L5 and S1 distribution, and positive bilateral straight leg raise. The treatment plan was noted to include an appeal for spinal surgery, an orthopedic consult, and medications including Percocet, Colace, Senna, and Tizanidine. The injured worker was noted to be off work for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 MG #90 1 PO BID As Needed Spasms #90: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management... and a reduction in the dependency on continued medical treatment." The guidelines recommend "non-sedating muscle relaxants 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, with 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. Tizanidine (Zanaflex) is FDA approved for management of spasticity, with unlabeled use for low back pain, and with recommendation for liver function testing monitored baseline at 1, 3, and 6 months to monitor for side effects, including hepatotoxicity. The injured worker was noted to have been prescribed Tizanidine since at least December 2014, with no documentation submitted of liver function testing. The guideline criteria do not support the long-term (>2 wks) use of muscle relaxants. The documentation provided did not include objective, measurable improvement in the injured worker's pain, function, improved ability to perform activities of daily living (ADLs) such as bathing, dressing, etc., muscle tension, or mobility with the use of the Tizanidine. Based on the MTUS guidelines, the documentation provided did not support the medical necessity of the request for Tizanidine 4 MG #90, 1 PO BID, as needed for spasms.