

Case Number:	CM15-0130351		
Date Assigned:	07/16/2015	Date of Injury:	01/31/2012
Decision Date:	08/18/2015	UR Denial Date:	06/15/2015
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: 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 31-year-old male with a January 31, 2012 date of injury. A progress note dated May 13, 2015 documents subjective complaints (some aching pain with throbbing sensation aggravating to the buttocks and lower extremity; pain rated at a level of 8/10 without medications and 4/10 with medications), objective findings (tenderness to palpation at L4-L5 and L5-S1), and current diagnoses (thoracic sprain/strain; lumbar sprain/strain; lumbar radiculitis). The patient has had history of muscle tightness. Treatments to date have included medications, home exercise, chiropractic treatments, and magnetic resonance imaging (showed disc protrusion). The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included Tizanidine and chiropractic treatment for the lumbar spine. The patient had received an unspecified number of the chiropractic and therapy visits for this injury. The patient has had urine drug screen test on 2/12/15 that was negative for medication and was inconsistent for hydrocodone. The patient has had MRI of the lumbar spine that revealed disc protrusions, foraminal narrowing, and EMG of lower extremity that revealed sacral Radiculopathy. The medication list includes Norco, Tizanidine and Fenoprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex)
Page(s): 66.

Decision rationale: Request Tizanidine 2 mg Qty 60. 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 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. A progress note dated May 13, 2015 documents subjective complaints (some aching pain with throbbing sensation aggravating to the buttocks and lower extremity; pain rated at a level of 8/10 without medications and 4/10 with medications), objective findings (tenderness to palpation at L4-L5 and L5-S1), and current diagnoses (thoracic sprain/strain; lumbar sprain/strain; lumbar radiculitis). The medical record indicates that medications help control the pain. The patient has had MRI of the lumbar spine that revealed disc protrusions, foraminal narrowing, and EMG of lower extremity that revealed sacral Radiculopathy. There is a history of muscle tightness and significant abnormal objective findings. The prescription of a small quantity of a non sedating muscle relaxant like tizanidine for prn use during exacerbations is medically appropriate and necessary. The request for Tizanidine 2 mg Qty 60 is medically appropriate and necessary in this patient at this time.

Chiropractic care, Lumbar Spine, 2 times wkly for 3 wks, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, page 58-59.

Decision rationale: Chiropractic care, Lumbar Spine, 2 times wkly for 3 wks, 6 sessions. Per the MTUS guidelines regarding chiropractic treatment, one of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic. In addition the cite guideline states several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. The patient had received an unspecified number of the chiropractic and therapy visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining

rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the request for Chiropractic care, Lumbar Spine, 2 times wkly for 3 wks, 6 sessions is not fully established for this patient.