

Case Number:	CM15-0131794		
Date Assigned:	07/20/2015	Date of Injury:	12/08/2009
Decision Date:	08/14/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 59 year old female who sustained an industrial injury on 12/08/09. Initial complaints and diagnoses are not available. Treatments to date include medications and back surgery. Diagnostic studies include MRIs of the lumbar and cervical spines, and the right shoulder, as well as x-rays of the right shoulder and electrodiagnostic studies of the lower extremities. Current complaints include lumbar spine and right shoulder pain. Current diagnoses include lumbar degenerative spondylolisthesis, mild sacral radiculopathy, multilevel degenerative disease of the cervical spine, right shoulder dystrophic changes and tendinosis as well as thinning of the biceps tendon. In a progress note dated 06/09/15 the treating provider reports the plan of care as chiropractic therapy, laboratory studies, and Tizanidine. The requested treatments include Tizanidine and laboratory studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 66.

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

Decision rationale: According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Tizanidine for at least more than 4 months, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Therefore, the request for Tizanidine 4mg #30 is not medically necessary.

Laboratory panels: Chem 8, CBC, CPK, CRP, arthritis panel and hepatic function panel:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/2659202>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.labtestonline.org/>.

Decision rationale: The patient file did not document any electrolyte abnormalities, liver or renal dysfunction that require blood testing. Therefore Laboratory panels: Chem 8, CBC, CPK, CRP, arthritis panel and hepatic function panel is not medically necessary.