

Case Number:	CM15-0132220		
Date Assigned:	07/20/2015	Date of Injury:	05/06/2013
Decision Date:	08/20/2015	UR Denial Date:	06/17/2015
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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year-old male, who sustained an industrial injury on 5/06/2013, while employed as a transit operator. He reported having to step on the brake hard and hold the equipment very tensely. The injured worker was diagnosed as having low back pain and lumbar radiculopathy. Treatment to date has included diagnostics, physical therapy, epidural steroid injection, and medications. Currently, the injured worker complains of unchanged lumbar pain. Objective findings only noted tenderness to palpation. His work status was modified and it was not documented if he was currently working. A previous progress report (3/11/2015) noted low back pain rated 4/10, but rated 7-8/10 after riding the bus to appointments. At this time, his medications included Ultracet daily, Neurontin, Tizanidine for spasm, and Naprosyn daily. The current treatment plan is for continued Naproxen and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity/Anti-spasmodic Drugs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Medications for chronic pain Page(s): 63-66, 60.

Decision rationale: The patient presents with pain in the lumbar spine and bilateral legs. The request is for Tizanidine 4 Mg #60. Physical examination to the lumbar spine on 06/11/15 revealed tenderness to palpation throughout the lumbar spine, sacroiliac area and buttocks. Range of motion was limited in all planes. Patient's treatments have included medications, physical therapy and lumbar ESIs with some benefits. Per 03/11/15 progress report, patient's diagnosis include lumbar strain/sprain, lumbar degenerative disc disease, lumbar radiculopathy, lumbar spondylosis and lumbar stenosis. Patient's medications, per 02/19/15 include Acetaminophen/Tramadol, Naproxen, Neurontin, Omeprazole, and Tizanidine. Patient's work status, per 06/04/15 progress report is temporary work restriction pending evaluation. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" Antispasticity/Antispasmodic Drugs: 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. 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." MTUS p60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The treater does not discuss this request. Patient has been prescribed Tizanidine from 02/19/15 and 06/11/15. In this case, the treater has not discussed the efficacy of this medication in any of the reports provided. MTUS requires a record of pain and function when medication is taken for pain. Due to lack of documentation as required by the guidelines, the request for Tzanidine is not medically necessary.

Naproxen 550mg #60 with 3 refills,: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drug Page(s): 67-68 and 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with pain in the lumbar spine and bilateral legs. The request is for Tizanidine 4 Mg #60. Physical examination to the lumbar spine on 06/11/15 revealed tenderness to palpation throughout the lumbar spine, sacroiliac area and buttocks. Range of motion was limited in all planes. Patient's treatments have included medications, physical therapy and lumbar ESIs with some benefits. Per 03/11/15 progress report, patient's diagnosis include lumbar strain/sprain, lumbar degenerative disc disease, lumbar radiculopathy, lumbar spondylosis and lumbar stenosis. Patient's medications, per 02/19/15 include Acetaminophen/Tramadol, Naproxen, Neurontin, Omeprazole, and Tizanidine. Patient's work status, per 06/04/15 progress report is temporary work restriction pending evaluation. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" Antispasticity/Antispasmodic Drugs: 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. 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." MTUS p60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The treater does not discuss this request. Patient has been prescribed Tizanidine from 02/19/15 and 06/11/15. In this case, the treater has not discussed the efficacy of this medication in any of the reports provided. MTUS requires a record of pain and function when medication is taken for pain. Due to lack of documentation as required by the guidelines, the request for Tzanidine is not medically necessary.