MAXIMUS Federal Services

Case Number:	CM15-0135437		
Date Assigned:	07/23/2015	Date of Injury:	05/09/2002
Decision Date:	09/23/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60-year-old male who sustained an industrial injury on 05/09/2002. Current diagnoses include failed right inguinal hernia repair with concomitant difficulties, chronic pain syndrome, sexual dysfunction, depression, and stress induced diabetes mellitus as a result of chronic pain. Previous treatments included medications, surgical intervention, and psychiatric evaluation. Previous diagnostic studies include urine toxicology screening. Report dated 01/16/2015 noted that the injured worker presented with complaints that included chronic pain, mobility issues, insomnia due to pain, and needs medication refills. The injured worker stated that his pain is better with the increased dosage of Lyrica. Current medication regimen includes Norco, Lyrica, Cymbalta, Arthrotek, and tizanidine. Pain level was not included. Physical examination was positive for right groin tenderness with pain radiating to the right testicle and across the back to the hip and to the low back. Lumbar range of motion is not able to be assessed due to the injured worker lying on the bed moving his leg constantly to find relief. The treatment plan included continuing medications, which included Norco, Cymbalta, Lyrica, Arthrotek, and tizanidine, work status remains unchanged, request for the injured worker to have his stimulator reprogrammed, and return in 4 weeks. The treating physician noted that he was requesting a program to detox the injured worker and wean him off medications because of the constant denials of medications. It was noted that the muscle relaxants allow the injured worker to move. Currently the injured worker is not working. Of note, there was no other primary treating progress reports submitted for review. Disputed treatments include tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex); Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-Non-sedating muscle relaxants, Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 63-66 of 127.

Decision rationale: Regarding the request for tizanidine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested tizanidine is not medically necessary.