

Case Number:	CM15-0135654		
Date Assigned:	07/23/2015	Date of Injury:	07/13/2011
Decision Date:	08/20/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/14/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old female who sustained an industrial injury on 7-13-11. Diagnoses are anterior decompression and fusion at C5-6 and C6-7, right carpal tunnel release, and low back pain rule out radiculitis. In a progress report dated 5-5-15, a treating physician notes her right hand numbness has improved. Her back, left buttock and leg pain is getting worse. Exam of her neck reveals 70 degrees of flexion and 70 degrees of extension and 40 degrees of right and left lateral rotation. There is spasm in the low back and a negative straight leg raise. In a follow up consultation report dated 7-7-15, the treating physician notes current medications as Ambien, Lexapro, Lyrica, Tizanidine, and Tramadol. The requested treatment is Tizanidine 4 mg # 90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine cap 4mg #90 with 2 refills: Upheld

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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant sustained a work injury in July 2011. Treatments included a multilevel cervical anterior decompression, fusion, and right carpal tunnel release. When seen, there was decreased cervical spine and lumbar spine range of motion with trigger points. There was right lower extremity weakness. The claimant's BMI is over 32. Tizanidine was being prescribed and was refilled for three more months. Tizanidine is a centrally acting alpha 2- adrenergic agonist that is FDA approved for the management of spasticity and prescribed off- label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.