

Case Number:	CM15-0135671		
Date Assigned:	07/23/2015	Date of Injury:	04/11/2006
Decision Date:	08/20/2015	UR Denial Date:	06/24/2015
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 44 year old male with an industrial injury dated 04/11/2008. The injury is documented as occurring when he lifted a heavy tire. His diagnoses included lumbar degenerative disc disease, lumbar radiculopathy and post laminectomy. Prior treatment included surgery, spinal cord stimulator trial (failed), epidural injections and medications. He presents on 05/04/2015 for follow up. He had been on chronic pain management therapy and had been very consistent with his medication use taking Ultram, Mobic, Zanaflex and Cymbalta. Without medication his symptoms become constant rated as 9/10. With medication he received 40% to 50% relief making his pain rating a 6/10. He has low back pain radiating into both legs with paresthesia and numbness into both legs. On physical examination there were no gross motor deficits. Treatment plan included medications. The request for review is Tizanidine 2 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #90: Upheld

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

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 April 2008 and continues to be treated for radiating low back pain including a diagnosis of post laminectomy syndrome and a failed lumbar fusion. There had been no benefit from a spinal cord stimulator trial. When seen, medications were providing up to 50% pain relief. Physical examination findings are reported as negative for gross motor deficits. Medications were refilled. Tizanidine was being prescribed on a long-term basis. Zanaflex (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.