

Case Number:	CM15-0138162		
Date Assigned:	08/19/2015	Date of Injury:	09/25/1995
Decision Date:	09/15/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/16/2015

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 51 year old male with an industrial injury dated 06-28-2013. The injury is documented a fall onto his hand. His diagnoses included status post recent decompressive laminectomy, facetectomy and foraminotomies at lumbar 2-3 and lumbar 3-4. Comorbid condition was hypertension. He presents on 06-30-2015 noting he had not seen a real significant improvement following the surgery. He stated low back pain had increased with numbness in his left hip and numbness in both feet. Physical examination revealed scarring of the midline of spine that was healing. Motor and sensory examinations of the lower extremities were grossly normal. The provider documents no change in his oral pain medication regimen. The following requests were conditionally non-certified: Oxycodone 10 mg #120 with 2 refills, Morphine Sulfate 15 mg #120 with 2 refills, Gabapentin 400 mg #90 with 2 refill. The treatment request for review is for Tizanidine 4 mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg #30with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66.

Decision rationale: The claimant sustained a work injury in June 2013 and continues to be treated for low back pain with radiating lower extremity symptoms. He underwent a lumbar decompression in April 2015. When seen, there had been no significant improvement since surgery. He was having increased back pain. Physical examination findings included significant paraspinal muscle tone. Medications have included tizanidine prescribed since November 2010. 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 and appears ineffective. It is not medically necessary.