

Case Number:	CM15-0141961		
Date Assigned:	08/03/2015	Date of Injury:	09/12/2012
Decision Date:	09/24/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/21/2015

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 42-year-old male, who sustained an industrial injury on 9-12-12. The mechanism of injury was not indicated. The injured worker was diagnosed as having chronic low back pain, lumbar radiculopathy, anxiety and depression and obstructive sleep apnea. Treatment to date has included lumbar epidural steroid injections, oral medications including Cyclobenzaprine, Gabapentin, Diclofenac, Tramadol and activity modifications. Currently on 5-20-15, the injured worker complains of intermittent sharp low back pain with constant dull back pain and radiation to bilateral legs. He rates the pain 6-7 out of 10. He notes improvement with cyclobenzaprine and Diclofenac. Physical exam performed on 5-20-15 revealed decreased lumbar range of motion with tenderness to palpation on spinous process with radiation down left leg. The treatment plan included referral to psychologist; prescriptions for Lyrica 75mg #45 and Tizanidine 2mg #90, medial branch block, epidural steroid injection, lumbar brace and a follow up appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for Tizanidine 2mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 66.

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.