

Case Number:	CM15-0163485		
Date Assigned:	08/31/2015	Date of Injury:	09/23/2006
Decision Date:	09/30/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/20/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on September 23, 2006. The injured worker reported falling from approximately twelve feet landing on concrete sustaining a crushed pelvis, broken back, and stitches to the right wrist. The injured worker was diagnosed as having status post burst fracture at lumbar one, status post thoracic twelve through lumbar two spinal fusion with hardware placement, status post lumbar three through sacral one surgery for spinal stenosis, surgery to the left hip, left leg, and back, post trauma osteoarthritis of the lumbar spine and left hip, cage in the inferior vena cava, osteitis pubis, and status post surgery for inguinal hernias. Treatment and diagnostic studies to date has included x-rays, magnetic resonance imaging, physical therapy, home exercise program, computed tomography of the pelvis, and above noted procedures. In a progress note dated July 14, 2015 the treating physician reports complaints of constant pain to the low back and left thigh. Examination reveals severe muscle spasms with fibromuscular nodules to the bilateral iliac crest, pain and muscle spasms to the left gluteal region, pain on palpation to the left sacrum and coccyx, decreased range of motion to the thoracolumbar region, difficulty to raise the bilateral lower extremities or to sit up, positive Patrick's, Fabere's, and Gaenslen's testing on the left, hypoalgesia and anesthesia to the left hip and thigh, decreased range of motion to the bilateral hips, loss of flexibility to the pelvis with pain and pressure to the pubis symphysis, pain to the groin region, dull, and aching pain and sharp stabbing pain to the pelvis region with activity. The injured worker's medication regimen included Naproxen, Prilosec, Aspirin, and Tizanidine. The injured worker's pain level was rated an 8 out of 10 without the use of medications, but did not indicate

the injured worker's pain level as rated on a pain scale after use of his current medication regimen to indicate the effects with the use of the injured worker's current medication regimen. The treating physician noted that the injured worker was able to perform most activities of daily living, but has difficulty with standing, kneeling, bending, stooping, squatting, and sitting for any period of time. The documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. The treating physician requested the medication of Tizanidine 4mg with a quantity of 90, noting current use of this medication as noted above.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tizanidine 4mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2006 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The 1 prescription of Tizanidine 4mg, #90 is not medically necessary and appropriate.