

Case Number:	CM15-0165366		
Date Assigned:	09/02/2015	Date of Injury:	03/27/2014
Decision Date:	10/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32-year-old male who sustained an industrial injury on 03-27-2014. Diagnoses include degenerative disc disease, lumbar spine; grade I spondylolisthesis, L3-4 and L4-5; moderate to severe disc collapse, L4-5 and L5-S1, moderate at L3-4; facet arthropathy, L3-4 and L4-5; and left sacroiliac joint sclerosis. Treatment to date has included medication, physical therapy, facet blocks, radiofrequency ablations, aquatic therapy and epidural steroid injections (ESI). No relief was obtained from the ESI. According to the progress notes dated 7-15-2015, the IW (injured worker) reported pain in the low back at the belt line rated 5 out of 10, but decreased to 2 out of 10 with medications. He reported improved activity tolerance with his medications. On examination, there was tenderness and guarding in the lumbar paraspinal musculature, particularly over the L3-4 and L4-5 posterior elements. Exam of the lower extremities was unremarkable. Results of an MRI of the lumbar spine on 12-9-2014 were noted as disc space narrowing at L2-3, L4-5 and more prominently at L5-S1 and minimal central canal stenosis at L2-3 and L3-4. Medications included Tizanidine, Neurontin, Norco and Prilosec. There were no inconsistencies in his urine drug screen on 2-26-2015. A request was made for Tizanidine HCl 4mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine Hcl 4mg QTY: 30.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.