

Case Number:	CM15-0182557		
Date Assigned:	09/23/2015	Date of Injury:	08/22/2000
Decision Date:	10/28/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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: California

Certification(s)/Specialty: Emergency 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:

This is a 49 year old male with a date of injury on 8-22-2000. A review of the medical records indicates that the injured worker is undergoing treatment for chronic back pain, spinal-lumbar degenerative disc disease and lumbar post-laminectomy syndrome. According to the progress report dated 9-1-2015, the injured worker complained of back pain radiating down both legs. He rated his pain as six out of ten with medications and nine out of ten without medications. He reported that medications were working well. The injured worker reported occasional difficulty when falling asleep, which was mostly alleviated with Tizanidine. He reported that Tizanidine decreased overall muscle spasm and allowed him to fall asleep and stay asleep. Per the treating physician (9-1-2015), the injured worker was permanent and stationary and was not currently working. The physical exam (9-1-2015) revealed an antalgic gait. Palpation of the lumbar paravertebral muscles revealed spasm and tenderness on the right side. Lumbar facet loading was positive on both sides. Treatment has included chiropractic treatment, surgery and medications. Current medications (9-1-2015) included Duragesic patches, Colace, Tizanidine, Lyrica, Norco, St John's Wort, Buspirone, Sertraline, Trazodone and Bupropion. The injured worker has been prescribed Tizanidine since at least 1-20-2015. The original Utilization Review (UR) (9-9-2015) denied a request for Tizanidine. Utilization Review approved requests for Norco, Lyrica and Duragesic patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The requested Tizanidine 2mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAID's and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has back pain radiating down both legs. He rated his pain as six out of ten with medications and nine out of ten without medications. He reported that medications were working well. The injured worker reported occasional difficulty when falling asleep, which was mostly alleviated with Tizanidine. He reported that Tizanidine decreased overall muscle spasm and allowed him to fall asleep and stay asleep. Per the treating physician (9-1-2015), the injured worker was permanent and stationary and was not currently working. The physical exam (9-1-2015) revealed an antalgic gait. Palpation of the lumbar paravertebral muscles revealed spasm and tenderness on the right side. Lumbar facet loading was positive on both sides. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Tizanidine 2mg #30 is not medically necessary.