

Case Number:	CM15-0183192		
Date Assigned:	09/24/2015	Date of Injury:	09/01/2006
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 63 year old female who sustained an industrial injury on 09-01-2006. Current diagnoses include radiculopathy-lumbar spine, and carpal tunnel syndrome. Report dated 08-03-2015 noted that the injured worker presented with complaints that included low back pain with numbness and tingling down the lower extremities and bilateral foot pain. The physician noted that the injured worker gets 50% pain relief with pain medications. Pain level was 2 out of 10 on a visual analog scale (VAS). Physical examination performed on 08-03-2015 revealed a positive straight leg raise bilaterally, pain to palpation of the lumbar facets and lumbar paravertebral spaces, antalgic gait, and decreased lumbar range of motion. Previous treatments included medications, palliative surgery, and physical therapy. The treatment plan included renewing medications which included ibuprofen, Prilosec, Neurontin, and tizanidine, a urine drug screen was ordered, and referral to a podiatrist. Medical records submitted support that tizanidine has been prescribed since at least 12-22-2004. The utilization review dated 08-26-2015, non-certified/modified the request for retro tizanidine (DOS 08-03-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tizanidine 2mg quantity 180 DOS 8-3-15: 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: With regard to muscle relaxants, the MTUS CPMTG 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." Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." UDS that evaluate for tizanidine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for tizanidine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 1/2015. As the guidelines recommended muscle relaxants for short-term use only, the request is not medically necessary and cannot be affirmed.