

Case Number:	CM15-0187172		
Date Assigned:	09/29/2015	Date of Injury:	08/20/2014
Decision Date:	11/09/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/23/2015

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 injured worker is a 24 year old male who reported an industrial injury on 8-20-2014. His diagnoses, and or impressions, were noted to include: low back pain; knee pain; and limb pain. No current imaging studies were noted. His treatments were noted to include: chiropractic treatments, ineffective; 6 sessions of physical therapy, ineffective; mediation management; and rest from work. The pain management progress notes of 9-9-2015 reported: injuries to his low back on the left side, and left knee; persistent lower back pain, rated 5 out of 10, that radiated to the left ankle, was aggravated by stairs, movement and activities, and was stable with heat, lying down, massage, stretching and pain medications; pain that was rated 7 out of 10 without medications; and that his pain interfered with his activities of daily living. The objective findings were noted to include: obesity; painful and decreased right knee range-of-motion; tenderness and moderate spasms to the lumbar paraspinous, "PSIS" quadratus, buttock, bilateral; circumscribed taut lumbar bands that twitched upon palpation referring pain to the buttocks and along the lumbar para-spinals; painful active lumbar range-of-motion; a limped gait with right neutral alignment of the knee, with ecchymosis, mild swelling and tenderness in the right medial joint line and patella; and right knee apprehension and crepitation with right neutral position. The physician's requests for treatment were noted to include Tizanidine 4 mg, 1 at hour of sleep, for short-term treatment of acute exacerbations of chronic low back pain, with non-sedating muscle relaxant and for pain. The Request, dated 9-9-2015, was noted to include Tizanidine HCL 4 mg, 1 at hour of sleep, #30 with no refills. The Utilization Review of 9-18-2015 non- certified the request for Tizanidine HCL 4 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg: 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 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, but rather for ongoing and chronic 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.