

Case Number:	CM15-0190332		
Date Assigned:	10/02/2015	Date of Injury:	08/02/2012
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 49-year-old male, with a reported date of injury of 08-02-2012. The diagnoses include right wrist complete arthroscopic synovectomy; chronic low back pain; cervical sprain; head trauma; lumbar disc desiccation, post-traumatic headache; status post lumbar spine surgery, severe cervical spondylosis, severe C6-7 right-sided foraminal stenosis, and status post cervical spine surgery. Treatments and evaluation to date have included anterior C5-6 and C6-7 discectomy and bilateral foraminotomy and interbody fusion on 04-15-2015, Norco, Elavil, Flexeril, a TENS unit, and Tizanidine (since at least 06-2015). The diagnostic studies to date have included an MRI of the cervical spine on 03-04-2015 which showed mild segmental stenosis at C5-6 and mild right foraminal narrowing at C6-7; a urine drug screen on 04-08-2015 which was positive for hydrocodone; and an x-ray of the cervical spine on 04-13-2015 which showed stable disc degenerative changes at C5-6 and stable mild anterolisthesis of C6 on C7. The progress report dated 08-26-2015 indicates that the injured worker continued to have pain in the neck, with radiation of pain down the bilateral hands with numbness. He rated the pain 8 out of 10. The injured worker stated that he still gets numbness down into both the bilateral shoulders. He also complained of pain in the low back, which was rated 8 out of 10 with radiation down both legs. On 07-29-2015, the injured worker rated his low back pain 9-10 out of 10, and 7 out of 10 with medications. The objective findings include stiffness and tightness in the cervical spine; restricted cervical spine range of motion in all planes of motion; tenderness in the bilateral acromioclavicular joints; restricted range of motion of the bilateral shoulders due to a metallic lumbar corset; restricted flexion and extension of the right wrist due

to pain and ulnar and radial deviation; weakness of the grip on the right side; stiffness and tightness of the lumbar spine; and decreased sensation in the right lateral side of the right lower extremity below the knee. The treatment plan included Tizanidine 4mg #30, one by mouth at bedtime for muscle relaxation. The injured worker was totally temporarily disabled until 09-30-2015. The request for authorization was dated 08-26-2015. The treating physician requested Tizanidine 4mg #30. On 09-15-2015, Utilization Review (UR) non-certified the request for Tizanidine 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #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 claimant sustained a work injury in August 2012. He underwent an anterior cervical decompression and fusion on 04/15/15. On 04/29/15, he was having new symptoms since surgery with more upper extremity numbness and tingling and increased low back pain. Flexeril was prescribed. He had stiffness and tightness but no muscle spasms were recorded. In June 2015, tizanidine was prescribed. When seen in August 2015, he had been seen by his surgeon two days before. His neck was healing. Physical therapy was pending. There was restricted cervical and lumbar motion with stiffness and tightness. There was well preserved thoracolumbar posture without splinting. He was continuing to ambulate using a cane. His medications were refilled. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition and muscle spasms are no recorded as a complaint or physical examination finding. It is not medically necessary.