

Case Number:	CM15-0195195		
Date Assigned:	10/08/2015	Date of Injury:	07/31/1981
Decision Date:	11/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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 74 year old female who sustained a work-related injury on 7-31-81. Medical record documentation on 9-16-15 revealed the injured worker was being treated for low back strain and degenerative disc disease of the lumbar spine. She reported increasing pain in the low back with radiation of pain to the left lower extremity. She described increasing coldness and tingling sensation of the left lower extremity, which was worse with increased activity. She reported that muscles spasms kept her awake at night. Objective findings included increased bilateral spasms of the paraspinous areas and increased stiffness in flexion. There were no neurological changes. Her medications included Celebrex, Omeprazole, Neurontin and Norco. The evaluating physician initiated Tizanidine 20 mg one twice per day as needed for spasms. A request for the remaining Tizanidine 2 mg #180 was received on 9-22-15. On 9-28-15, the Utilization Review physician modified Tizanidine 20 mg #180 to Tizanidine 2mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg, #180: Upheld

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

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

Decision rationale: Zanaflex (Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short-term use and for flare-ups only. The number of tablets requested is not consistent with short-term use. Tizanidine is not medically necessary.