

Case Number:	CM15-0197602		
Date Assigned:	10/13/2015	Date of Injury:	06/15/2004
Decision Date:	11/20/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/07/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 46 year old, male who sustained a work related injury on 6-15-04. A review of the medical records shows he is being treated for low back pain. Treatments have included medications. Current medications include Norco, Oxycontin, Cymbalta, Gabapentin, Elavil, Viagra, Tizanidine and Lunesta. In the progress notes, the injured worker reports low back pain. He "continues to do well" on his medication regimen. He rates his pain level a 4 out of 10 with Norco and Oxycontin. His pain level is 9 out of 10 without medications. The pain medication allows him to be more active. There is no change in pain level or activity level since last visit. On physical exam dated 8-24-15 there is "no significant change" in physical exam. He is not currently working. The treatment plan includes refills of medications. In the Utilization Review dated 10-1-15, the requested treatment of Tizanidine HCL 4mg. #120 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL (hydrochloride) 4 mg Qty 120: 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: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of tizanidine is not substantiated in the records. Therefore, the request is not medically necessary.