MAXIMUS Federal Services

Case Number:	CM15-0197989		
Date Assigned:	10/13/2015	Date of Injury:	06/22/2009
Decision Date:	11/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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, Tennessee
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:

The injured worker is a 52 year old, female who sustained a work related injury on 6-22-09. A review of the medical records shows she is being treated for low back pain. Treatments have included medications. Current medications include Omeprazole, Tramadol, Norco, Tizanidine, Lodine, Losartan, Norvasc, Imitrex, Hydrochlorothiazide, Lidex and Desipramine. In the progress notes, the injured worker reports aching pain in low back and both legs. She rates the pain a 7 out of 10 with medications and a 9 out of 10 without medications. She reports she is "having trouble moving around the house and is unable to take care of herself due to pain." She reports no new symptoms or neurological changes. On physical exam dated 7-21-15, lumbar spine exam is limited to her size and her being in a wheelchair. She has 5 out of 5 leg strength bilaterally. Sensation is slightly diminished in the lateral feet, Sacroiliac joint tenderness bilaterally. She has tenderness over the lumbar paraspinous muscles. She is not working. The treatment plan includes a request for Lodine and for a walk-in shower. The Request for Authorization dated 9-21-15 has requests for Lodine, Tizanidine, Tramadol, for an electronic wheelchair and for a walk-in shower. In the Utilization Review dated 9-28-15, the requested treatment of Tizanidine 4mg. 1 twice a day as needed, #30 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 4 mg Qty 30, 1 tab 2-4 times daily as needed: 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: Tizanidine is a muscle relaxant that acts centrally as an alpha2-adrenergic agonist that is FDA approved for management of spasticity. Side effects include somnolence, dizziness, dry mouth, hypotension, weakness, and hepatotoxicity. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been taking the medication since at least April 2015. The duration of treatment surpasses the recommended short-term duration of two weeks. The request is not medically necessary.