

Case Number:	CM15-0199601		
Date Assigned:	10/14/2015	Date of Injury:	09/09/2013
Decision Date:	12/01/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/10/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 33 year old male, who sustained an industrial injury on 9-9-13. The injured worker was diagnosed as having lumbar L4-5 and L5-S1 annular tear. Treatment to date has included physical therapy; chiropractic therapy; TENS unit; spinal injection (no date PR-2 6-19-15); medications. Currently, the PR-2 notes dated 8-7-15 indicated the injured worker presents for a follow-up appointment. The injured worker reports he has filed paperwork for retirement. He also notes another provider has scheduled a bilateral L5-S1 facet joint block and has had a "spinal injection" in the past but no date or procedure record. His reports his Norco was not authorized but when he has them, he takes 6-8 a day. The provider lists his currently prescribed medications as: Butrans 10mcg patch weekly (listed three times) Soma 350mg one daily; Norco 10-325mg 1-2 tablets every 4 hours as needed; Motrin 800mg 1 tablet three times a day and topical analgesic - Menthol 5% pads one daily. On physical examination, the provider documents "Normal range of motion; he exhibits no edema and no tenderness. The patient has a normal appearing gait. There is no sciatic list or foot drop. He has restricted range of motion with tenderness to palpation at the lumbosacral junction. Sensory and motor examinations of lower extremities are intact. There is spasm, guarding in the lower back." He notes a diagnosis of L4-5 and L5-S1 annular tears. There has been no lumbar surgical intervention to date. His treatment plan is for the current medications regimen and appropriate as noted for a refill at this time including Zanaflex 4mg. He will see him back in 3-4 months. PR-2 notes dated 5-7-15 and 7-22-15 (a urology examination) both indicate injured worker was currently taking Motrin, Soma and Norco. There is no mention of Zanaflex in any of those notes. And so the initial prescribed date

cannot be confirmed. A Request for Authorization is dated 10-10-15. A Utilization Review letter is dated 9-29-15 and non-certification for Tizanidine 4 mg #20. A request for authorization has been received for Tizanidine 4 mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg #20: 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: With regard to muscle relaxants, the MTUS CPMTG 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." Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." Per the documentation submitted for review, the injured worker is not being treated for an acute exacerbation of chronic back pain, as such, the requested treatment is not medically necessary. Furthermore, the injured worker is being treated with the muscle relaxant Soma.