

Case Number:	CM15-0200214		
Date Assigned:	10/15/2015	Date of Injury:	04/10/2009
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/13/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 69-year-old male who sustained an industrial injury on 4-10-2009. Diagnoses have included lumbosacral strain, arthrosis, and discopathy with foraminal stenosis. Documented treatment includes a previous epidural which was stated as "very helpful," home exercise, consultation with a pain management specialist, and he uses Ultracet and Tizanidine. The physician stated that Tizanidine is only used on occasion when the injured worker has muscle spasms. The medical records provided show he has had this medication since at least 5-2015. On 8-10-2015 the injured worker reported continued sharp pain from his low back down into the right leg. Examination noted no back tenderness, negative straight leg raising and the injured worker was able to flex to his ankles. The treating physician's plan of care includes a renewal of Tizanidine 4 mg #60, one every 12 hours as needed which was denied on 9-16-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 1 tablet every 12hrs 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: This 69 year old male has complained of low back pain since date of injury 4/10/2009. He has been treated with epidural steroid injections, physical therapy and medications to include Zanaflex since at least 05/2015. The current request is for Zanaflex. Per the MTUS guideline cited above, muscle relaxant agents (Zanaflex) are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. The use of muscle relaxant agents in this patient far exceeds the recommended time period usage. On the basis of the MTUS guidelines and available medical documentation, Zanaflex is not indicated as medically necessary.