MAXIMUS Federal Services

Case Number:	CM15-0201000		
Date Assigned:	10/16/2015	Date of Injury:	08/10/2007
Decision Date:	11/24/2015	UR Denial Date:	09/18/2015
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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 41 year old male who sustained a work-related injury on 8-10-07. Medical record documentation on 9-8-15 revealed the injured worker was being treated for internal derangement of the knee, knee strain and abnormality of gait. He reported pain into the right leg to the foot. He described the pain as achy, sharp, stabbing, burning and throbbing pain and rated the pain a 3 on a 10-point scale. His pain was worse with bending of the knees, standing, walking, and sexual activity. He reported locking, swelling and weakness in the right leg more than the left. His sitting tolerance was 20-25 minutes, standing tolerance of 10-15 minutes and walking tolerance of 20-25 minutes limited by right knee pain and weakness. He reported moderate difficulty with activities of daily living. He reported fatigue, muscle spasms, poor sleep, neck pain and joint stiffness in the right knee. He was able to complete bathing, cleaning, dressing, driving and sexual activity with some difficulty. His medication regimen included Amitiza 24 mcg, Brintellix 10 mg, Naprosyn 500 mg, Norco 10-325 mg, Gabapentin 300 mg, Tizanidine hcl 4 mg (since at least 4-9-15) Abilify 2 mg, Omeprazole DR 20 mg, and Hysingla 20 mg. Objective findings included crepitus with passive range of motion of the right knee. He had tenderness to palpation of the medial and lateral joint lines of the right knee. He had trigger points palpated in the lower latissimus dorsi, gluteus maximus, gluteus medius and quadratus lumborum bilaterally with impaired trochanter region. He had a moderately antalgic gait on the right. A request for tizanidine 4 mg #30 with two refills was received on 9-11-15. On 9-18-15, the Utilization Review physician determined tizanidine 4 mg #30 with two refills was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30 with 2 refills: 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: The claimant sustained a work injury in August 2007 when he fell from a tractor with injury to the right knee, wrist, and shoulder. He underwent right knee surgery in 2011. In April 2015 he was having right shoulder pain. He had right lumbar, quadratus lumborum, and gluteal spasms. Tizanidine was prescribed. In September 2015 he was having pain into his leg to his foot. He had fatigue, muscle spasms, neck pain, and difficulty sleeping and joint stiffness particularly affecting his right knee. Physical examination findings included knee crepitus with medial and lateral joint line tenderness. There were latissumus dorsi, gluteal, and quadratus lumborum trigger points. He had decreased lumbar spine range of motion which was limited by muscle spasms. He had right lower extremity paresthesias. Sacroiliac joint compression and Slump testing was positive. Right knee McMurray's testing and patellar compression tests were positive. He had an antalgic gait. Medications were continued including Tizanidine. Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The quantity prescribed is consistent with at least another 3 months of use. It appears ineffective as the claimant has ongoing spasms. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.