

Case Number:	CM15-0206392		
Date Assigned:	10/23/2015	Date of Injury:	02/29/2000
Decision Date:	12/04/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/21/2015

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:

The injured worker is a 60 year old female, who sustained an industrial injury on 2-29-2000. The injured worker was being treated for multilevel cervical, thoracic, and lumbar degenerative disc disease, bilateral trochanteric bursitis, restless leg syndrome, chronic myofascial pain syndrome, cervical radiculitis, and depression. The injured worker (6-9-2015 and 10-6-2015) reported ongoing, intermittent spasm and tremulousness of various parts of the body despite the Tizanidine. She reported lower extremity burning pain with excessive activity, occasional lower extremity edema and discoloration of the soles of her feet, a vibration sensation of the right lower leg at times, and pain of the low back, hips, and buttocks, right greater than left. Associated symptoms included pain with first steps in the morning and numbness of the bilateral lower extremities, especially the right thigh. She rated her average pain as 2-3 out of 10 with medications and sedentary lifestyle and worst pain as 5 out of 10 upon awakening in the morning or with excessive activity. The physical exam (6-9-2015 and 10-6-2015) revealed the injured worker was mildly flexed forward, decreased tenderness of the bilateral lumbar paraspinous muscle and bilateral facet joints, and moderate tenderness of the bilateral sacral iliac joints, bilateral sciatic notches, and bilateral trochanteric bursa. The treating physician noted that there were no spasms of the bilateral thoracic and lumbar paraspinous musculature. The treating physician noted moderate pain with flexion of 70 degrees, extension of 20 degrees, and bilateral lateral bending of 30 degrees. Treatment has included medications including Methadone, Norco, Zoloft, Wellbutrin SR, Zanaflex (Tizanidine)-since at least 6-2015. On 10-6-2015, the requested treatments included Tizanidine (Zanaflex) 2mg. On 10-7-2015, the original utilization review non-certified a request for Tizanidine 2mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine Tab 2mg day supply 15 Qty 45 refills 0 RX date 10/5/15: 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's has a remote history of a work injury occurring in February 2000 and continues to be treated for chronic pain with diagnoses of multilevel disc degeneration and secondary depression. The claimant also has hypertension, insomnia, gastroesophageal reflux disease, and obesity. When seen, she was having intermittent episodes of spasm and tremulousness of various parts of her body. Her activities were restricted and she was unable to perform household chores. She had a sedentary lifestyle. She was having burning lower extremity pain with occasional lower extremity edema and discoloration of her feet. She was experiencing a vibration sensation of the right lower leg at times. She had pain rated at 2-5/10 and increased to 8-10/10 with any degree of activity. Physical examination findings included an antalgic gait with mildly forward flexed posture. There was mild paraspinal and facet tenderness and moderate sacroiliac joint, sciatic notch, and trochanteric bursa tenderness. There was decreased and painful lumbar spine range of motion. There was a decreased right knee reflex. Medications were continued including methadone, Norco, and Zanaflex, prescribed since June 2009. 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 claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.