

Case Number:	CM15-0206559		
Date Assigned:	11/19/2015	Date of Injury:	01/20/2015
Decision Date:	12/31/2015	UR Denial Date:	10/19/2015
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: Florida

Certification(s)/Specialty: Family Practice

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 54 year old male who sustained an industrial injury on 1-20-15. A review of the medical records indicates he is undergoing treatment for left hip labrum tear, left hip moderate osteoarthritis, contusion of left femoral head, and left hip pain. Medical records (8-6-15, 8-18-15, 9-17-15, and 10-8-15) indicate ongoing complaints of left hip pain, rating "8-9 out of 10". The 9-17-15 record indicates that he rates his pain "10 out of 10" and is "only utilizing nonsteroidal anti-inflammatories for pain and discomfort." He is noted to be requesting "higher order pain medications." The 8-18-15 record indicates that he had a prescription for Oxycodone, but was reluctant to use it, as he "has a history of drug addiction in the past." The 10-8-15 record indicates that his medications include Tramadol and Tizanidine. He reports that Tramadol caused a dermatomal eruption and was experiencing pruritis. He reports that Tramadol and Tizanidine are "not effective at alleviating the severity of his pain and discomfort." The physical exam (9-17-15) reveals diminished range of motion of the lumbar spine. "Moderate" pain and discomfort is noted at the end points of all range of motion movement. His gait is noted to be "moderately" antalgic with the use of a single point cane. He is also noted to be wearing a back brace. Diagnostic studies have included x-rays of the left hip, left femur, left knee, left elbow, neck, and lumbar spine, as well as MRIs of the left lower extremity, left hip, and pelvis. Treatment has included physical therapy, a home exercise program, chiropractic treatment, use of heat and cold, trigger point manipulation, and medications. His medications include Tramadol and Tizanidine (since 9-17-15). The utilization review (10-19-15) includes a request for authorization of Tizanidine 2mg #20 with 1 refill. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Tizanidine 2mg #20 with 1 refill: 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: In accordance with the California MTUS guidelines, Tizanidine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Tizanidine is not medically necessary.