

Case Number:	CM15-0206566		
Date Assigned:	10/23/2015	Date of Injury:	03/08/2001
Decision Date:	12/09/2015	UR Denial Date:	10/13/2015
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: North Carolina, Georgia
 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 68 year old male, who sustained an industrial injury on 3-8-01. The injured worker has complaints of chronic pain in knees, left ankle and right foot all due to industrial injuries. The injured worker rates his pain level as an 8 on a scale of 10 without medications and 3 on a scale of 10 with medications. The pain is increased with weight bearing and decreased with pain medications and rest. There is pain with palpation of the bilateral knees, right foot and left ankle. The diagnoses have included bilateral knee pain; status post bilateral knee replacement surgeries; left ankle pain due to impingement; right foot pain due to metatarsal cuboid arthritis and chronic pain syndrome. Treatment to date has included norco; tizanidine; keloprofen and pantoprazole. The original utilization review (10-13-15) modified the request for tizanidine 4 milligrams 1 tab 3 times a day as needed for bilateral knee and left ankle pain due to muscle spasm #90 to tizanidine 4mg #60 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 milligrams 1 tab 3 times a day as needed for bilateral knee and left ankle pain due to muscle spasm #90: 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 CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of tizanidine. This is not medically necessary and the original UR decision is upheld.