MAXIMUS Federal Services

Case Number:	CM15-0207432		
Date Assigned:	10/26/2015	Date of Injury:	11/19/2001
Decision Date:	12/09/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/22/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72 year old female, who sustained an industrial injury on 11-19-2001. A review of the medical records indicates that the worker is undergoing treatment for post-laminectomy syndrome of the lumbar spine, lumbosacral radiculitis, lumbago and degeneration of lumbar disc. Treatment has included Hydrocodone-APAP and Tizanidine (since at least 03-26-2015). Subjective complaints (06-25-2015, 07-24-2015 and 09-18-2015) included low back pain that was rated as 5-6 out of 10 with medication and 9 out of 10 without medication. Documentation shows that activities of daily living, physical activity and sleep were improved with the use of medications. Objective findings (06-25-2015, 07-24-2015 and 09-18-2015) included tenderness with prominent spasms of the paravertebral muscles of the lumbar spine, tenderness of the lumbar spine and sciatic notches, burning and numbness over the left lateral calf at L5 to touch and slow ambulation with pain. The physician noted that Tizanidine had been decreased to #30 with continuation of weaning as per a 07-21-2015 utilization review and that Tizanidine could not be reduced further. The physician noted that the worker required 90 tablets per month or three per day, as effect of Tizanidine wears off after eight hours, requiring another dose. A utilization review dated 10-12-2015 modified a request for Tizanidine 4 mg #90 to certification of Tizanidine 4 mg #30 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #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: Based on the 9/18/15 progress report provided by the treating physician, this patient presents with low back pain radiating to the left more than the right lower extremity down to the posterior calf, rated 5/10 with medication and 9/10 without medication. The treater has asked for TIZANIDINE 4MG #90 on 9/18/15. The patient's diagnoses per request for authorization dated 10/1/15 are post laminectomy syndrome lumbar, lumbosacral radiculitis, lumbago, and degeneration of lumbar disc. The patient is s/p a 11-day hospitalization due to a COPD exacerbation but the medications prescribed were not implicated in this problem per 9/18/15 report. The patient had a L4-5 laminectomy in 1978, and a L4-5 laminectomy again in 1981 per 9/18/15 report. The patient has a history of anxiety/depression and also complains of constipation per 7/24/15 report. The onset of the patient's pain was since the 2001 original injury per 5/26/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Muscle Relaxants for pain section, page 66 states: ANTISPASTICITY/ ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. MTUS Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)." The treater does not discuss this request in the reports provided. The patient is currently using Tizanidine per 9/18/15 report. The patient has been prescribed Tizanidine since at least the 4/24/15 report, and in subsequent reports dated 5/26/15, 6/25/15, and 7/24/15. In this case, the patient does not have a diagnosis of myofascial pain as per MTUS guidelines. In addition, the treater does not document or discuss how pain is reduced and function is improved by the patient as required by MTUS pg. 60. Therefore, the request IS NOT medically necessary.