

Case Number:	CM15-0208160		
Date Assigned:	10/27/2015	Date of Injury:	12/30/2014
Decision Date:	12/14/2015	UR Denial Date:	09/30/2015
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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old male who sustained an industrial injury on 12-30-14. He is not working. The medical records indicate that the injured worker has been treated for lumbar disc herniation L5-S1; lumbago; lumbar radiculopathy; diabetes (Type 1 with one functioning kidney). He currently (9-1-15) complains of low back pain radiating to the bilateral lower extremities, right worse than left with tingling and numbness involving his thigh, leg and bottom of his foot. The physical exam showed tenderness over the bilateral lumbosacral area and lumbar paraspinal muscles, positive straight raise bilaterally, limited range of motion in all planes due to pain. He has sleep difficulties, psychological problems, headaches, dizziness, ringing in the ears, loss of balance and sexual dysfunction. Treatments to date include micro lumbar discectomy L5-S1 (7-7-15) with no pain improvement; physical therapy; medications: Norco, tizanidine (since at least 9-1-15), Naprosyn, analgesic cream. The request for authorization dated 9-1-15 was for tizanidine 2 mg #30. On 9-30-15 Utilization Review non-certified the request for tizanidine 2 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #30: 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 injured worker sustained a work related injury on 12-30-14. The medical records provided indicate the diagnosis of lumbar disc herniation L5-S1; lumbago; lumbar radiculopathy; diabetes (Type 1 with one functioning kidney). Treatments have included physical therapy; medications: Norco, tizanidine (since at least 9-1-15), Naprosyn, analgesic cream. The medical records provided for review do not indicate a medical necessity for Tizanidine 2mg #30. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic Low back pain. Tizanidine (Zanaflex) is a muscle relaxant with a recommended dosing of 4 mg initial dose; titrate gradually by 2 - 4 mg every 6 - 8 hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day. However, it is associated with liver toxicity, as a result of which the MTUS recommends that liver function tests be monitored at baseline, 1, 3, and 6 months. Also, the MTUS recommends caution in individuals with renal impairment. The medical records indicate the injured worker has been using the medication at least since 09/2015, but the records indicate the injured worker has one Kidney. The requested treatment is not medically necessary, since the records indicate the injured worker has only one functioning kidney.