MAXIMUS Federal Services

Case Number:	CM15-0020445		
Date Assigned:	02/10/2015	Date of Injury:	02/24/1997
Decision Date:	03/30/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/03/2015

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: Internal 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 58 year old male, who sustained an industrial injury on 02/24/1997. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include lumbar spinal stenosis at lumbar four to five with bilateral lower extremity radiculopathy. Treatment to date has included magnetic resonance imaging of the lumbar spine, medication regimen, electrodiagnostic study, and exercises. In a progress note dated 11/05/2014 the treating provider reports the continuation of back and bilateral leg pain with occasional numbness and tingling to the lower extremities. The treating physician noted that the injured worker uses Tizanidine as needed, but did not indicate the reason for the use of this requested medication. On 01/28/2015 Utilization Review modified the requested treatment of Tizanidine 4mg twice a day for a quantity of 60 to Tizanidine 4mg twice a day for a quantity of 30 as needed, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines, pages 63 to 66.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg Bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation ODG-TWC, Current Online Version. Pain (chronic) Procedure Summary: Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49,Chronic Pain Treatment Guidelines Muscle Relaxants Page 63-66.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) address muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Zanaflex (Tizanidine) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored. Medical records document the long-term use of the muscle relaxant Tizanidine (Zanaflex). MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend long-term use of muscle relaxants. The request for Tizanidine (Zanaflex) is not supported by MTUS or ACOEM guidelines. Therefore, the request for Tizanidine is not medically necessary.