

Case Number:	CM15-0025445		
Date Assigned:	02/18/2015	Date of Injury:	05/03/1999
Decision Date:	04/02/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/10/2015

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 40 year old, male patient, who sustained an industrial injury on 05/03/1999. A follow up pain visit dated 01/05/2015 reported subjective complaint of chronic low back pain. The patient stated the pain as "manageable" and is tapering himself off Morphine with note of continued right eye nystagmus occurring with any dose of Morphine. He is on the following medications; Morphine Sulphate ER 100mg three times daily; Morphine Sulphate ER 30MG three times daily; Morphine Sulphate ER 60 three times daily; Portonix, Lyrica and Propranolol. The patient is diagnosed with long term narcotic use and post laminectomy syndrome, lumbar region. A request was made for medication Tizanidine 4MG. On 01/12/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Tizanidine, muscle relaxants was cited. The injured worker submitted an application, on 02/10/2015 for independent medical review of requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with low back pain. The request is for TIZANIDINE 4MG #120. The request for authorization is dated 01/08/15. The patient is status-post L4 through L5 inter-body fusion 2008. MRI following surgery 12/17/12 showed stable postoperative findings and no evidence of nerve root compression. Electro diagnostic studies 07/26/13 showed finding of L5 radiculopathy bilaterally. Patient's medications include Morphine, Protonix, Allopurinol, Colchicine, Indomethacin, Lyrica and Propranolol. Patient is permanent and stationary. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" 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 p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 01/05/15, treater's reason for the request is "muscle spasms that will occur in his lower lumbar spine." Per progress report dated 01/16/15, treater states "Tizanidine has been beneficial to the patient in terms of pain relief and overall functional improvement. Per progress report dated 05/21/13, treater states "Zanaflex did help manage his pain and spasm such that he was able to adequately function with upright activities of daily living, noting 40% reduction in his pain and spasm. Patient's tolerance for standing or walking was limited to 5 minutes with medications, whereas without the patient had difficulty tolerating such activity at all. The patient has failed trial of Skelaxin, Robaxin, Norflex and Soma. Therefore, given the patient's chronic pain and documented improvement with Tizanidine, the request IS medically necessary.