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| Case Number: | CM15-0028621 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 01/16/2006 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 02/03/2015 |
| Priority: | Standard | Application Received: | 02/17/2015 |

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: Florida
 Certification(s)/Specialty: Neurology, Pain Management

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 61 year old male who sustained an industrial related injury on 1/16/05. The injured worker had complaints of low back and lower extremity pain, numbness, tingling, and swelling. Bilateral lower extremity spasms, numbness, and tingling secondary to a spinal cord injury were noted. Physical examination findings included myoclonus in bilateral lower extremities, intact sensation to light touch, paraspinal muscle tenderness, and the injured worker was non-ambulatory with use of a wheelchair. Diagnoses include arthropathy of the lumbar facet joint, displacement of lumbar intervertebral disc without myelopathy, psychalgia, psychophysiological disorder, paraplegia, depressive disorder, lumbar post-laminectomy syndrome, and opioid dependence. Treatment included spinal cord stimulator implantation and skin grafting to the upper extremity due to burns. Medication included Baclofen, Lunesta, Methadone, Hydrocodone, Neurontin, Paxil, and Zanaflex. The treating physician requested authorization for Tizanidine 4mg #240. On 2/3/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no documentation that the pain was due to spasms or spasticity. The injured worker was taking Baclofen and the rationale for continuing with Tizanidine indefinitely was not clearly stated. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizandine tab; 4 mg. day supply: 30 #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasticity drugs Page(s): 66.

Decision rationale: The medical records provided for review do not demonstrated physical exam findings consistent with spasticity or muscle spasm or myofascial spasm. MTUS supports zanaflex for the treatment of muscle spasm and spasticity. As such the medical records do not support the use of zanaflex congruent with MTUS.