

Case Number:	CM15-0212960		
Date Assigned:	11/02/2015	Date of Injury:	03/08/2012
Decision Date:	12/18/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/28/2015

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: Family Practice

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 57 year old male, who sustained an industrial injury on 3-8-12. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included physical therapy; TENS unit; left sacroiliac joint injection (10-15-14; 5-20-15); medications. Diagnostics studies included MRI left hip (10-5-15); X-rays left hip (10-5-15). Currently, the PR-2 notes dated 10-7-15 indicated the injured worker was in the office for a re-evaluation. The provider notes "I have followed the patient since his surgical intervention which was performed by me for his lumbar spine, L4-5 XLIF on 2-12-13 and 2-13-13. Postoperatively, the back pain has stabilized. Subsequently, the patient started having significant recurrence of the left-sided low back pain which I was able to pinpoint to the sacroiliac joint. This was specifically diagnosed by two separate selective left sacroiliac joint injections which were diagnostically performed by me on 10-15-14 and 5-20-15. Both injections were very helpful and provided greater than 80% pain relief for him which lasted once. The pain unfortunately has recurred and he is interested with definitive care including fusion of the sacroiliac joint. During the last visit, in order to ensure that there are no other causes for the patient's pain, we performed additional imaging studies. He has had complete imaging studies of his spine and fusion has completed. There are no issues with the spinal implants." The provider's completed a MRI of the left hip to ensure that the hip joint is not the source of pain. He documents the left hip "appears to be normal." He reviewed x-rays of both hips that demonstrate degenerative changes with the right more than the left. He is currently asymptomatic in his right hip joint. The provider notes "Therefore, the degenerative changes are less likely to be the actual cause of the pain since the right hip theoretically would have been more symptomatic. His pain is all in the left posterior hip. He does not have anterior hip pain. The patient does have positive clinical findings including positive FABER test and positive

compression-distraction testing for the left sacroiliac joint. Therefore, it is likely with reasonable medical probability that his pain is as a result of left sacroiliac joint." He has instructed the injured worker to wean off of Norco. The provider notes he has previously taken Percocet and Soma for years and was successful in weaning him from both. On this day, the provider is refilling Norco and weaning him to #120 with a goal to get him to #60 and the off. The provider also notes he is compliant with urine drug screening. The treatment plan includes a request for a left sacroiliac joint fusion. He has also recommending a prescription for Tizanidine 4mg #60 with 3 refills. No other medical documentation is available except the MRI and X-ray study reports. A Request for Authorization is dated 10-29-15. A Utilization Review letter is dated 10-15-15 and modified certification for Tizanidine 4mg #60 with 3 refills to allow a "weaning dose" only. A request for authorization has been received for Tizanidine 4mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: In accordance with the California MTUS guidelines, Tizanidine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Tizanidine is not medically necessary.