

Case Number:	CM15-0213007		
Date Assigned:	11/02/2015	Date of Injury:	02/25/2005
Decision Date:	12/16/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/29/2015

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: Emergency 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 59 year old, female who sustained a work related injury on 2-25-05. A review of the medical records shows she is being treated for neck and low back pain. In the SOAP Notes dated 9-11-15 and 10-9-15, the injured worker reports a pain level of 2 out of 10 with medications and 6-8 without medications. She reports her low back pain has flared up and "no medication for 4 months." She has Norco only to manage pain. On physical exam dated 10-9-15, she has 10% restriction with cervical flexion and 40% restriction on rotation and extension. Lumbar flexion is normal, unable to do extension and lateral bending is 60%. She has hypoaesthesia posterolateral arms and right leg. Treatments have included oral medications, physical therapy-unknown number of sessions without good response, rest and activity restrictions. Current medications include Norco, Voltaren gel and Motrin. She has been taking muscle relaxants since at least May, 2015. She has been taking Ibuprofen since at least April, 2015. She is working. The treatment plan includes continuing medications, a follow-up and for an MRI of lower back. In the Utilization Review dated 10-7-15, the requested treatment of Tizanidine 4mg. #30 with 3 refills is not medically necessary. The requested treatment of Ibuprofen 600mg. #90 with 3 refills is modified to Ibuprofen 600mg. #90 with 2 refills. The requested treatment of Metaxalone #270 is modified to Metaxalone #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30 with 3 refills: 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: Zanaflex (Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short-term use and for flare ups only. The number of tablets and multiple refills requested is not consistent with short-term use. Patient is also on another muscle relaxant, Metaxalone, leading to risk of side effects. This request is not appropriate and is potentially dangerous. Tizanidine is not medically necessary.

Ibuprofen 600mg #90 with 3refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long-term use due to increased risk of worsening cardiovascular problems, strokes and GI problems. The number of tablets and refills are not appropriate and not consistent with short-term use. Not medically necessary.

Metaxalone #270: 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): Metaxalone (Skelaxin), Muscle relaxants (for pain).

Decision rationale: Metaxalone is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short-term use and for flare-ups only. The inappropriate number of tablets requested is not consistent with short-term use. Patient is also on another muscle relaxant, Tizanidine, leading to risk of side effects. This request is not appropriate and is potentially dangerous. Metaxalone is not medically necessary.