

Case Number:	CM15-0223998		
Date Assigned:	11/20/2015	Date of Injury:	01/29/2014
Decision Date:	12/31/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/13/2015

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: New Jersey

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 28 year old male, who sustained an industrial injury on 1-29-2014. The injured worker was diagnosed as having lumbar strain, lumbar radiculitis, and left elbow sprain. Treatment to date was not specified. Currently, the injured worker complains of left elbow pain and swelling, rated 7 out of 10, and low back pain with burning sensation in the lumbar spine, and occasional radiation of pain to the lower extremities, rated 10 out of 10. Exam of the elbow noted tenderness on deep palpation in the lateral epicondyle, full range of motion, and no instability. Exam of the lumbosacral spine noted exquisite tenderness throughout L4-5, straight leg raise caused hamstring tightness, intact sensation, and deep tendon reflexes 1- on the left and 1+ on the right. Current medication regimen was not noted. He was prescribed Tizanidine 4mg at bedtime for muscle relaxation and Tramadol for pain. Work status was modified. On 10-23-2015 Utilization Review non-certified a request for Tizanidine 4mg (1 po QHS) #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30: 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: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of ongoing chronic use of tizanidine leading up to this request for continuation. As this medication class is not recommended for chronic use and there was no evidence to suggest this request was for an acute flare of muscle spasm, the tizanidine will be considered medically unnecessary.