

Case Number:	CM15-0036405		
Date Assigned:	03/04/2015	Date of Injury:	02/19/2013
Decision Date:	04/20/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old female who sustained an industrial injury on 02/19/2013. Treatment to date includes MRI of lumbar spine on 05/20/2013 and physical therapy. The MRI report is documented in the 10/17/2014 progress note. She presents on 01/04/2015 with complaints of worsening pain in her lower back. She states improvement with Tylenol. Physical exam revealed tenderness around lumbar 5 with deep palpation. There was also joint tenderness in the sacro iliac joint. The provider noted the injured worker had an exacerbation of her lumbar pain. He recommended prednisone taper over a seven day period and Tizanidine for myofascial spasms. Diagnoses included 6 mm disc protrusion lumbar 4-5, lumbar myofascial spasms, lumbar radiculitis and right hip labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #30 Refills: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 2mg #30 with one refill is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are 6 mm disc protrusion lumbar L4 - L5: lumbar myofascial spasms; lumbar radiculitis; right hip labral tear; right hip chondromalacia and mild osteoarthritis. A progress note dated January 14, 2015 shows the injured worker presents the treating physician with a flare-up of low back pain. Subjectively, the worker was taking 2 g Tylenol per day. Objectively, there was tenderness palpation over the lumbar paraspinal muscle groups with positive facet loading. Tizanidine is indicated for short-term (less than two weeks) treatment of an acute exacerbation of low back pain. While Tizanidine may be indicated for short-term use, Tizanidine 2 mg #30 with one refill exceeds the recommended guideline for acute exacerbation of low back pain. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines, Tizanidine 2 mg #30 with one refill is not medically necessary.

Prednisone 20mg #19 Refills: 0: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Corticosteroids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Oral corticosteroids.

Decision rationale: Pursuant to the Official Disability Guidelines, Prednisone 20 mg #19 with no refills is not medically necessary. Corticosteroids are not recommended for chronic pain, except polymyalgia rheumatica. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given their serious adverse effects, they should be avoided. In this case, the injured worker's working diagnoses are 6 mm disc protrusion lumbar L4 - L5: lumbar myofascial spasms; lumbar radiculitis; right hip labral tear; right hip chondromalacia and mild osteoarthritis. A progress note dated January 14, 2015 shows the injured worker presents the treating physician with a flare-up of low back pain. Subjectively, the worker was taking 2 g Tylenol per day. Objectively, there was tenderness palpation over the lumbar paraspinal muscle groups with positive facet loading. Oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, so given the adverse serious side effects, they should be avoided. Consequently, absent compelling clinical documentation according to the recommended guidelines not to use oral corticosteroids in chronic pain, Prednisone 20 mg #19 with no refills is not medically necessary.

