

Case Number:	CM15-0040844		
Date Assigned:	03/11/2015	Date of Injury:	07/18/2011
Decision Date:	04/21/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/03/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48-year-old male who sustained an industrial injury on 7/18/11 when a truss hit him causing him to fall. He currently complains of persistent low back pain with burning in thighs after 15 minutes of walking exercise. Medications include Norco and tizanidine. Medications partly help in relief. Diagnoses include lumbosacral strain with mild radiculitis; right knee strain; obesity and peripheral neuropathy not related to work injury. Treatments to date include median branch blocks on 6/21/13, medications and exercise. Diagnostics include MRI of the lumbar spine, which revealed multi-degenerative changes; electromyography/ nerve conduction study (11/26/12) found evidence of peripheral neuropathy not related to work injury; x-rays of the right knee (11/28/12) were normal. In the progress note, dated 2/4/15 the treating provider's care plan includes tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine Hydrochloride 4mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66; 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Tizanidine was used in this patient without clear evidence of spasm or objective monitoring of the drug effect on the patient condition. The patient in this case does not have clear evidence of spasm and the prolonged use of Tizanidine 4mg is not justified. Therefore, the request of Tizanidine Hydrochloride 4mg quantity 90 is not medically necessary.