

Case Number:	CM15-0041180		
Date Assigned:	03/11/2015	Date of Injury:	06/21/2011
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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: Arizona, California
 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 51 year old female, who sustained an industrial injury on June 21, 2011. She reported a left ankle sprain when she tripped on steps at work. The injured worker was diagnosed as having contusion of toe, sprain of foot, closed fracture of phalanx, foot, plantar fasciitis, right knee sprain, left ankle or foot sprain, peroneal neuropathy at knee, chronic low back pain, and spondylosis of lumbar region without myelopathy or radiculopathy. Treatment to date has included Achilles tendon surgery on July 16, 2014, AFO braces, physical therapy, lumbar spine MRI, aqua therapy, TENS, and medication. Currently, the injured worker complains of low back, right knee, and left foot pain. The Treating Physician's report dated February 2, 2015, noted the injured worker's medications helpful and well tolerated, including Percocet, Tizanidine, Amitriptyline, and the topical compound, allowing her to complete her activities of daily living (ADLs) and improve her quality of life. The injured worker rated the pain as 8-9/10 on a visual analog scale (VAS) without medications and a 5/10 with medications. The lumbar spine and lower extremity examination was noted to show sensation decreased over the left lateral leg and lateral foot, with the sacroiliac joints tender, tenderness over the paraspinals, and positive left straight leg raise. The injured worker was noted to be antalgic with a cane. The Physician noted the injured worker required opioid therapy, with the clinical history, physical examination, imaging, and diagnostic studies suggesting that the injured worker's pain was a combination of nociceptive and neuropathic pain, moderate to severe in intensity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizandine Tablets 4 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

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

Decision rationale: According to the MTUS guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on muscle relaxants including Flexeril in combination with Tizanidine for several months. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Tizanidine is not medically necessary.