

Case Number:	CM15-0046798		
Date Assigned:	03/19/2015	Date of Injury:	06/27/2013
Decision Date:	04/24/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/12/2015

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: Physical Medicine & Rehabilitation

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 36-year-old male with an industrial injury dated 06/27/2013. His diagnosis was degenerative disc disease of lumbar spine with left radiculopathy. He has been treated with anti-inflammatory medications and pain medications and is followed by medication and medical management clinic. Exam revealed tenderness over the lumbar spine with spasm. The physician noted the injured worker is in significant pain and finds he has to stay in bed without his medications. The physician is requesting medications to include Tizanidine 4 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS, Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents on 01/29/15 with lower back pain which radiates into the right lower extremity, with associated numbness and tingling to the right lateral thigh, right calf, and toes in the right foot. The patient's date of injury is 06/27/13. Patient has no documented surgical history directed at this complaint. The request is for TIZANIDINE 4MG #60. The RFA is dated 02/05/15. Physical examination dated 01/29/15 reveals tenderness to palpation over the lumbar spine and left sided lumbar paraspinal muscles, positive supine straight leg raise test at 19 degrees on the left and 42 degrees on the right. The patient is currently prescribed Norco, Gabapentin, Tizanidine, and Ibuprofen. Diagnostic imaging was not provided. Patient's current work status is not provided, though progress note dated 01/29/15 instructs this patient to return to work with modified duties. MTUS Chronic Pain Medical Treatment Guidelines under the topic: Muscle Relaxants for pain, on page 66 under ANTISPASTICITY/ ANTISPASMODIC DRUGS for Tizanidine states this medication has FDA approval for spasticity and unlabeled use for low back pain, and notes it has been considered as a first-line option to treat myofascial pain and beneficial for fibromyalgia. In regard to the continuation of Tizanidine, the request appears reasonable. Progress note dated 01/29/15 states: "Without his medications, his pain level has been 8/10. He states that when he has all 4 of his medications, it brings it down to a 6/10... He finds that he has to stay in bed without his medications." While this does not specifically attribute pain relief to Tizanidine, the treater implies that when used in conjunction with Gabapentin, Norco, and Ibuprofen that this patient experiences some pain relief that allows him to at least perform his ADL's. MTUS supports use of Tizanidine for chronic pain conditions. The request IS medically necessary.