

Case Number:	CM15-0050861		
Date Assigned:	03/24/2015	Date of Injury:	02/14/2003
Decision Date:	05/06/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/17/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 57 year old female injured worker suffered an industrial injury on 02/14/2003. The diagnoses were pain disorder, lumbar degenerative disc disease and radiculopathy. The diagnostics included lumbar spine computerized tomography and magnetic resonance imaging of the left knee. The injured worker had been treated with medications and epidural steroid injections. On 2/23/2015 the treating provider reported the pain level had increased 6/10 with the medications and 10/10 without medications. The injured worker is assisted by wheelchair. The cervical spine has restricted range of motion with tenderness and spasms of the cervical muscles. The lumbar spine was restricted in range of motion with tenderness of the lumbar muscles. There is a brace on the left knee. The treatment plan included Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine tab 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 66.

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG (p 63) states:
"Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The medical records submitted for review indicate that the injured worker has been using this medication long term. As tizanidine is not recommended for long-term use, and the the injured employee has a complaint of knee pain, this request is not medically necessary.