MAXIMUS Federal Services

Case Number:	CM15-0052086		
Date Assigned:	03/25/2015	Date of Injury:	02/07/2002
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/19/2015

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 72 year old female, who sustained an industrial injury on 2/07/2002. Diagnoses include chronic low back pain and leg pain bilaterally, lumbar spinal stenosis, lumbar spondylosis and myofascial pain/stenosis. Treatment to date has included diagnostic imaging, epidural steroid injection, diagnostic medial branch block and medications. Per the Pain Management Reevaluation/Follow-up visit dated 1/19/2015, the injured worker reported chronic low back pain and leg pain which radiates into the foot, bilateral. The average pain is rated as 4/10. Physical examination revealed axial lower back pain is worse than the leg pain with spondylosis left greater than right. There is axial lower back pain c/w spondylosis. The plan of care included repeat transforaminal epidural steroid injection and medications and authorization was requested for Tizanidine Hcl 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 is not justified. The request of Tizanidine HCL 4mg #60 is not medically necessary.