MAXIMUS Federal Services

Case Number:	CM15-0053736		
Date Assigned:	03/27/2015	Date of Injury:	03/06/2007
Decision Date:	05/01/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/20/2015

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: North Carolina
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 62 year old male, who sustained a work/ industrial injury on 3/6/07. He has reported initial symptoms of back pain. The injured worker was diagnosed as having sciatic nerve lesion, sciatica, and lumbosacral strain. Treatments to date included medication, diagnostics, and conservative treatment. Electromyogram/nerve conduction velocity (EMG/NCV) was performed on 6/7/12. Currently, the injured worker complains of aching and burning back pain that radiated to the left lower extremity that was rated at 6/10 and best at 4/10. The treating physician's report (PR-2) from 1/20/15 indicated per exam that there was tenderness to palpation in the iliotibial band on the left, trigger points in the upper trapezius, semispinalis capitis and leviator scapulae on the left and rhomboid region, quadratus lumborum, thoracolumbar paraspinals, lumbar region and lumbosacral region bilaterally. Range of motion was affected as well as motor strength. Sensation to light touch is intact bilaterally in dermatomes C5-C8 and L3-S1 with paresthesias to light touch in the left lower L4 distribution, decreased sensation to light touch in the left upper and lower leg and left heel. S1 joint compression test was positive, straight leg raise was positive on the left, and slump test was positive. A single point cane was used for ambulation on the left. Treatment plan included Tizanidine HCL.

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 ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain, Tizanidine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants 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. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.