

Case Number:	CM15-0054111		
Date Assigned:	03/27/2015	Date of Injury:	09/20/2011
Decision Date:	05/01/2015	UR Denial Date:	03/14/2015
Priority:	Standard	Application Received:	03/23/2015

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 58-year-old female with an industrial injury dated September 20, 2011. The injured worker diagnoses include chronic thoracic muscle sprain and chronic myofascial pain involving neck and low back. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 12/30/2014, the injured worker reported activity related pain. Physical exam revealed normal gait, a leveled pelvis and tightness in the left thoracic paraspinal muscles. The treating physician prescribed Tizanidine 2 mg now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2 mg QD PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 68.

Decision rationale: Tizanidine is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. 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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the exam or diagnosis did not support the need for Tizanidine. Length of prior use was not provided. The length of use prescribed was for 2 months. As noted above, Tizanidine is not indicated for prolonged use. Based on the guidelines and lack of clinical substantiation for its use, the Tizanidine is not medically necessary.