

Case Number:	CM15-0056755		
Date Assigned:	04/01/2015	Date of Injury:	11/11/1998
Decision Date:	05/05/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/25/2015

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:

This 43-year-old male sustained an industrial injury to the back and bilateral knees 11/11/98. Previous treatment included magnetic resonance imaging, lumbar fusion, left knee arthroscopy, right knee arthroscopy with partial medial meniscectomy, physical therapy and medications. In a PR-2 dated 3/6/15, the injured worker complained of ongoing back pain 8/10 on the visual analog scale as well as right knee pain that hurt when he walked more than 20 feet. Physical exam was remarkable for lumbar spine with tenderness to palpation on the spinous process with decreased and painful range of motion and negative straight leg raise. Current diagnoses included gastritis, long-term use of other medications, lumbar spondylosis, myofascial pain syndrome, knee pain and post lumbar laminectomy syndrome. The treatment plan included medications (Norco, Tizanidine, Ibuprofen, Zantac and over the counter sleep meds including Benadryl) and discontinuing Skelaxin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2MG #60: Overturned

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: Antispasticity/Antispasmodic Drugs Medications for chronic pain Page(s): 63-66, 60.

Decision rationale: The patient presents with knee and back pain rated at 8/10 without and 3/10 with medication. The request is for Tizanidine 2MG #60. The request for authorization is dated 03/09/15. The patient is status-post discectomy then a fusion at L5,S1, 2000. Status-post bilateral knee arthroscopy, early 2000's. He is complaining of bilateral axial back pain without any radiation down his legs. Patient has had medial branch blocks. With medicines, patient is able to walk about 2 hrs before needing to change positions, sit and stand a few hours, work, lift up to 40lbs, drive, self-care, chores around the home, take out trash, and play with kids and ride bikes with them. Patient's medications include Norco, Ibuprofen, Zantac, Tizanidine and Benadryl. The patient is working part-time. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" antispasticity/antispasmodic drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain."MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated, 03/06/15, treater's reason for the request is "for muscle spasms related to work injury; failed Some and Flexeril - both sedating during work hrs; used for tapering off Norco." In this case, it appears this is initial trial prescription of Tizanidine. Since the patient is working, and given the patient's chronic pain, guidelines recommend the use of muscle relaxants such as Tizanidine. Therefore, the request is medically necessary.