MAXIMUS Federal Services

Case Number:	CM15-0058061		
Date Assigned:	04/29/2015	Date of Injury:	11/24/1998
Decision Date:	05/28/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/26/2015

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: Texas, Illinois
Certification(s)/Specialty: Preventive Medicine, Occupational 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 62-year-old female who sustained an industrial injury on 11/24/98. The diagnoses have included dyspepsia, bilateral mandibular dysfunction, mixed headaches, depression, anxiety, lumbago, cervicalgia, lumbosacral degenerative disc disease (DDD), myalgia, myositis, and hypersomnia. Treatment included Nuvigil, Adderall, Metaxalone, Cymbalta, Ativan, Savella, Nexium, Flector patches, and Voltaren gel, Ambien, Zanaflex, Gabapentin and Fiorinal. Currently, as per the physician progress note dated 2/11/15, the injured worker complains of losing a tooth after a fall and teeth feeling loose. There was reported pain in the gums and soreness, pain and swelling in the teeth and jaw. There was reported numbness in the ankle, foot and toes, which was worsening. She continues to take medications with fluctuating gastrointestinal symptoms. The overall pain level remains bad and she continues to go to pain specialist. The objective findings revealed that she was anxious and fatigued with abdomen having slight epigastric tenderness to palpation. The weight was 161 pounds and blood pressure was 141/69. Treatment plan was consult for dental trauma, tooth decay and gingivitis and continue with medications. The physician requested treatment included Tizanidine Tab 4mg #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine Tab 4mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The injured worker sustained a work related injury on 11/24/98. The medical records provided indicate the diagnosis of dyspepsia, bilateral mandibular dysfunction, mixed headaches, depression, anxiety, lumbago, cervicalgia, lumbosacral degenerative disc disease (DDD), myalgia and myositis and hypersomnia. Treatment to date has included Nuvigil, Adderall, Metaxalone, Cymbalta, Ativan, Savella, Nexium, Flector patches, and Voltaren gel, Ambien, Zanaflex, Gabapentin and Fiorinal.The medical records provided for review do not indicate a medical necessity for Tizanidine Tab 4mg #60 with one refill. Tizanidine (Zanaflex) is a muscle relaxant. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine (Zanaflex) is FDA approved for management of spasticity, but used off label for pain. Due to the risk of liver toxicity, the MTUS recommends monitoring for liver function at baseline, 1, 3, and 6 months of treatment. The records indicate the use of this medication predates 08/2014. Also, the 08/2014 stated it is not very useful. Therefore, the request is not medically necessary.