

Case Number:	CM15-0083864		
Date Assigned:	05/06/2015	Date of Injury:	02/14/2000
Decision Date:	06/04/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/01/2015

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: Emergency 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 61-year-old male, with a reported date of injury of 02/14/2000. The diagnoses include post lumbar laminectomy and lumbar radiculopathy. Treatments to date have included oral medications and topical medication. The progress report dated 03/19/2015 indicates that the injured worker complained of low back pain. The pain had improved since the last visit. It was noted that the injured worker trailed baclofen but felt that it did not help with spasm. Tizanidine was the only muscle relaxant that had helped with the spasms. The injured worker's level of function is increased with use of medications. His pain was rated 8 out of 10. The objective findings did not include information about the low back. The CURES report was reviewed and was appropriate and the last urine drug screen dated 10/01/2014 was appropriate. The treating physician requested Tizanidine 4mg #60. On 04/24/2015, Utilization Review (UR) denied the request for Tizanidine 4mg #60. The UR physician noted that the guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #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 Page(s): 63-66.

Decision rationale: The requested Tizanidine 4mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain. The pain had improved since the last visit. It was noted that the injured worker trialed baclofen but felt that it did not help with spasm. Tizanidine was the only muscle relaxant that had helped with the spasms. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Tizanidine 4mg #60 is not medically necessary.