

Case Number:	CM15-0237348		
Date Assigned:	12/14/2015	Date of Injury:	10/03/2002
Decision Date:	01/27/2016	UR Denial Date:	11/25/2015
Priority:	Standard	Application Received:	12/04/2015

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, 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 (IW) is a 70 year old male, who sustained an industrial injury on 10-03-2002. The injured worker is being treated for chronic lumbar pain status post multilevel fusion with revisions, lumbar muscular and myofascial pain and chronic opiate therapy. Recent treatment has included medication management, ice ad heat application, and home exercises and stretching. Per the Primary Treating Physician's Progress Report dated 9-08-2015, the injured worker presented for pain management reevaluation of low back pain and left leg numbness. He reported no significant changes since his last visit. Objective findings included moderate tenderness over the lumbar paraspinal muscles. There was no pain or crepitation with range of motion. There is no documentation of significant functional improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was not documented at this visit. The plan of care included pharmacologic management including Gabapentin Oxycodone, Valium Tizanidine, Avinza, NSAIDs, patches, and cream. Authorization was requested for Tizanidine 4mg#90 and Gabapentin 800mg #60. On 11-25-2015, Utilization Review non-certified the request for Tizanidine 4mg#90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: CA MTUS Guidelines recommend non-sedating muscle relaxants like Tizanidine to be used with caution as second-line options for short-term treatment of acute exacerbations in patients with low back pain. In this case, there is no documentation of muscle spasm on examination. The patient notes no improvement with the use of medications. There is no documentation of pain relief or improved functional status with the use of Tizanidine. Work status is not documented. Therefore, based on the above, the request is not medically necessary or appropriate.