

Case Number:	CM14-0111344		
Date Assigned:	08/01/2014	Date of Injury:	07/24/2010
Decision Date:	10/24/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 44 year-old male with date of injury 07/24/2010. The medical document associated with the request for authorization, a primary treating physician's supplemental progress report, dated 05/20/2014, lists subjective complaints as pain in the low back with radicular symptoms down both legs. Patient is status post L4-L5 fusion on 09/17/2012. Objective findings: Tenderness to palpation of the lumbosacral musculature. Decreased range of motion with spasm. Straight leg raising test was positive bilaterally. Patient failed heel walk and toe walk. It appears no sensory or motor tests were performed. Diagnosis: 1. Status post L4-5 decompression fusion with intractable pain. 2. Brachial neuritis/radiculitis 3. Anxiety. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. Tizanidine 4mg, #30. No SIG provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page(s): 63.

Decision rationale: Tizanidine is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for at least 6 months.