

Case Number:	CM14-0120529		
Date Assigned:	08/06/2014	Date of Injury:	04/19/2004
Decision Date:	09/26/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 52-year-old male with a 4/19/04 date of injury. At the time (7/3/14) of request for authorization for Tizanidine HCL 2mg #60, there is documentation of subjective (neck pain and bilateral upper extremity pain, pain level increased since last visit, and pain 4/10 with medications and 8/10 without medications) and objective (cervical spine range of motion restricted with pain, spasm and tenderness noted on both sides, tenderness at paracervical muscles and trapezius, Spurling's test positive, positive Phalen's right wrist, and positive Tinel's left wrist) findings, current diagnoses (Reflex Sympathetic Dystrophy upper left limb and mood disorder), and treatment to date (medications (including ongoing treatment with Tizanidine since at least 5/17/12 which helps decrease spasms and allows him to sleep at night, Opana, Norco, Neurontin, and Nexium)). There is no documentation of spasticity or acute exacerbations of chronic low back pain, the intention to treat over a short course, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tizanidine use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of Reflex Sympathetic Dystrophy upper left limb and mood disorder. However, there is no documentation of spasticity or acute exacerbations of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Tizanidine since at least 5/17/12, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, despite documentation that Tizanidine helps decrease spasms and allows him to sleep at night, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tizanidine use to date. Therefore, based on guidelines and a review of the evidence, the request for Tizanidine HCL 2mg #60 is not medically necessary.