

Case Number:	CM14-0120773		
Date Assigned:	09/23/2014	Date of Injury:	04/22/2013
Decision Date:	10/22/2014	UR Denial Date:	07/26/2014
Priority:	Standard	Application Received:	07/31/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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:

Medical records reflect the claimant is a 32 year old female who sustained a work injury on 4-22-13. Medical Records reflect the claimant is status post L4-L5 fusion. The claimant is being treating with medications. Office visit on 5-2-14 notes the claimant had completed her physical therapy. She has increasing pain in the lumbar area with radicular complaint and with tingling and numbness. She underwent a CT scan that showed problems related to her prior surgery. Office visit on 6-4-14 notes the claimant is provided with Norco and Tizanidine. Office visit on 6-17-14 notes the claimant's medications were discussed. Office visit on 7-14-14 notes the claimant is continued on Norco and Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg # 42: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - Muscle relaxants

Decision rationale: Chronic Pain Medical Treatment Guidelines and ODG do not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. There is an absence in documentation noting muscle spasms. Therefore, the medical necessity of this request is not established