

Case Number:	CM14-0124306		
Date Assigned:	08/11/2014	Date of Injury:	05/24/2012
Decision Date:	10/24/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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 Massachusetts. 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:

The underlying date of injury in this case is 05/24/2014. The date of the utilization review under appeal is 07/25/2014. The patient's diagnoses include lumbar disc displacement, chronic pain syndrome, and opioid dependence. On 07/15/2014, the patient's treating physician saw the patient in follow-up and noted the patient was trying to have a balance between activity and rest in order to prevent flare-ups. The patient requested a refill of Tizanidine and Norco as well as Motrin and reported that medications decreased pain by 50% without adverse effects and were used appropriately and increased his function, including allow the patient to continue strengthening in an effort to return to work. The patient had specific plans to return to work in October 2014. The patient was also implementing no pharmacological tools learned in a past functional restoration program. The treating physician recommended continuing his medications including Tizanidine. An initial physician review noted that the patient had been utilizing Tizanidine in excess of the recommended 2- to 3-week time period for the use of muscle relaxants and noted that the medical necessity for continued use could not be determined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg, Qty: 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, and tizanidine Page(s): 63, 66.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on muscle relaxants discusses muscle relaxants in general, recommending non-sedating muscle relaxants for short-term treatment of acute exacerbations in patients with chronic low back pain. These general guidelines appear to be the basis of a prior physician review which recommended non-certification of Tizanidine. However, this section on muscle relaxants does additionally discuss Tizanidine specifically on page 66. That section notes that there is peer-reviewed literature to support Tizanidine as a first-line option to treat myofascial pain and notes that 8 studies in particular have demonstrated efficacy for low back pain. Given appropriate patient response to Tizanidine, this guideline does support Tizanidine for long-term use and not only for short-term use of 2-3 weeks. In this case, the treating physician notes indicate that the patient not only reports functional benefit from Tizanidine but also that this medication is part of an overall program to taper the patient from opioid medications and to facilitate transition to work after prior completion of a functional restoration program. These dual goals of opioid tapering and return to work are strongly supported by general principles in the treatment guidelines and are consistent with the specific section on Tizanidine. For these reasons, the request for Tizanidine is supported by the treatment guidelines. This request is medically necessary.