

Case Number:	CM14-0127675		
Date Assigned:	08/15/2014	Date of Injury:	06/21/2003
Decision Date:	09/30/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/11/2014

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 Tennessee. 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:

This is a 52-year-old male with a 6/21/03 date of injury. The mechanism of injury occurred while the patient was lifting a truck door. According to a progress note dated 6/4/14, the patient complained of back pain radiating from his low back down both legs. The provider noted that he is discontinuing Soma because it was denied. He is prescribing a trial of Zanaflex for muscle spasms and sleep. The patient continues to have flares in muscle spasms and Soma was effective. Objective findings: restricted ROM of lumbar spine, tenderness to palpation of paravertebral muscles, tenderness and tight muscle band noted on both sides, light touch sensation patchy in distribution. Diagnostic impression: post lumbar laminectomy syndrome, lumbar disc disorder, sacroiliac pain, lumbar/lumbosacral disc degeneration. Treatment to date: medication management, activity modification, physical therapy, lumbar fusion surgery in 2011. A UR decision dated 7/24/14 modified the request for for Tizanidine 2 mg QTY:45 to allow this 1 fill for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 2mg take 1-2 at bedtime as needed #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the records reviewed, the patient has been on a muscle relaxant chronically. The provider noted that he is only switching the patient from Soma to Tizanidine because Soma was denied. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation of an acute exacerbation to the patient's pain. Therefore, the request for Tizanidine HCL 2mg take 1-2 at bedtime as needed #60 is not medically necessary.