

Case Number:	CM14-0145039		
Date Assigned:	09/12/2014	Date of Injury:	06/11/1995
Decision Date:	10/15/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/08/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and 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:

The injured worker is a 54-year-old female who reported an injury on 06/11/1995. The injury reportedly occurred when the patient was attacked by multiple pit bulls while at work which caused her many severe injuries including neck, low back and left shoulder injuries. The injured worker's diagnoses included cervical facet arthropathy, cervical degenerative disc disease, lumbar degenerative disc disease, cervicgia, brachial neuritis or radiculitis, and displacement of the cervical and vertebral discs without myelopathy. The injured worker's past treatments included medication, physical therapy, home exercise program, moist heat and stretches, cervical injections, and surgical intervention. The injured worker's most recent diagnostic testing included a cervical CT scan in June. The injured worker's surgical history included a laminectomy of levels L3-S1, spinal fusion in 1991, SCS permanent implant, bilateral arthroscopic knee surgery, and left shoulder arthroscopic surgery. On 07/24/2014 the injured worker complained of chronic, severe neck/back pain related to her history of post lumbar and cervical fusion. She reported significant benefit from the recent intervention of a right L3-4 TFESI on 02/07/2014, reporting she sustained greater than 80% to 90% relief of her low back pain from the procedure. She also had reported a bilateral cervical RFA on 03/03/2014, and she reported greater than 70% relief sustained and functional improvement, and decreased medication requirements. She rated her pain at 10/10 without medications and 3/10 with medication. She reported that her pain was a 6/10 at the date of the exam. Upon physical examination, the injured worker was noted to have abnormal palpation and tenderness to the cervical and thoracic regions. She was also noted with decreased left C4, decreased left C5, decreased right L3, decreased right L4, and decreased right L5 sensation to pin. The injured worker's current medications included hydromorphone HCl, oxycodone HCl, gabapentin,

Cymbalta, Zanaflex, omeprazole, Zofran, Flector patch, Voltaren gel and hydrocodone/acetaminophen. The request was for tizanidine HCl. The rationale for the request was for spasms. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity/Antispasmodic drugs: T.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Antispasticity/Antispasmodic drugs, Page(s): 63; 66.

Decision rationale: The request for Tizanidine HCL 4mg #120 with 1 refill is not medically necessary. The California MTUS guidelines may recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The side effects of tizanidine include somnolence, dizziness, dry mouth, hypotension, weakness and hepatotoxicity. Liver function test should be monitored baseline, 1, 3, and 6 months. The injured worker was noted to continue to experience muscle spasms, however, there was no documentation with evidence of monitoring the liver function as suggested in the guidelines. The injured worker has been documented to be using this medication at least since 04/03/2014, the guidelines recommend this as an option for short-term treatment. In the absence of documentation with evidence of the efficacy of the medication and liver functioning test to monitor for hepatotoxicity, the request is not supported at this time. Furthermore, as the request is written there is no frequency provided. Therefore, the request is not medically necessary.