

Case Number:	CM14-0145903		
Date Assigned:	09/15/2014	Date of Injury:	10/02/2013
Decision Date:	10/31/2014	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 Occupational Medicine 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:

Patient is a 54 year-old male with date of injury 10/02/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/18/2014, lists subjective complaints as pain in the low back with radicular symptoms to the bilateral lower extremities. Objective findings: Examination of the lumbar spine revealed mild diffuse tenderness with no spasm. Flexion was two thirds to the way between his knees and the ground. Lateral bending and extension were 65% of normal. Reflexes in the knees were 1/1 and ankles were 1/1. Motor was equal to both feet and ankles. Sensory was intact to light touch to both legs. Straight leg rising showed no pain. Diagnosis: lumbosacral sprain, degenerative lumbar disc, cervical strain, degenerative cervical disc, and bilateral knee strains. There was no evidence in the documentation provided for review that the patient had been prescribed Tizanidine before the request for authorization on 08/25/2014. Medications: Tizanidine 4mg SIG: take 1 po q hs (by mouth every night before sleep).

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

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

Decision rationale: Tizanidine is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The medical record available for review does not show that Tizanidine has been prescribed previously. Believing this to be the first prescription for Tizanidine, the MTUS supports a one-time short-course prescription of the medication. I am reversing the previous utilization review decision.