

Case Number:	CM14-0160102		
Date Assigned:	10/03/2014	Date of Injury:	03/20/2012
Decision Date:	10/31/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/30/2014

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 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:

This is a 59-year-old female with a 3/20/12 date of injury. He patient was seen on 7/28/14 with complaints of headaches, right shoulder pain, low back pain, as well as stress and anxiety. Exam findings revealed tenderness over the SI joints, mild muscle spasm in the L spine, and limited range of motion in all planes. There was a knot along the medial trapezius and levator scapula. The diagnosis is lumbosacral strain and cervical brachial syndrome. The patient is noted to be Naproxen and Flexeril. She was again seen on 9/19/14 with the same complaints and exam findings. Treatment to date: medications, acupuncture. An adverse germination was received on 9/4/13 as the long-term use of muscle relaxants is not supported per MTIS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Tizanidine 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) (May 2009).

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state 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, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient was noted to be on Flexeril in an August 2014 progress note. Her exam in 9/19/14 was mostly unchanged; hence the efficacy of a muscle relaxant is questionable in this patient. In addition, use of a muscle relaxant over one month exceeds the treatment guidelines, and the patient is also taking an NSAID. These medications combined have no significant benefit. Therefore, the request for Tizanidine #120 is not medically necessary.