MAXIMUS Federal Services

Case Number:	CM14-0161302		
Date Assigned:	10/06/2014	Date of Injury:	07/11/2013
Decision Date:	11/03/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/01/2014

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 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:

The injured worker is a 51 year old male with a date of injury on 7/11/2013. He was diagnosed with chronic low back pain with radicular symptoms in the direction of L4 and L5 with magnetic resonance imaging study of the lumbar spine dated February 3, 2014 which revealed 3-millimeter disc bulges and moderate facet hypertrophy without central stenosis at the level of L4-L5 and mild bilateral neuroforaminal stenosis at the L3-L4 level showed minimal degenerative disc changes with minimal degenerative facet changes with central or foraminal stenosis. In the most recent progress note dated September 22, 2014, it was indicated that he continued to complain of low back pain which radiated into his right lower extremity with associated numbness and tingling sensation. The objective findings to the lumbar spine included tenderness over the lumbar spinous process, interspinous ligaments and over the bilateral posterior superior iliac crest, tenderness over the bilateral sacroiliac joint which was worse on the left side, positive straight leg raise test on the right at 45 degrees, decreased sensation to light touch on the right L4, and L5 direction and painful facet joints upon lumbar extension. The lumbar epidural steroid injection at the level of l3-L4, L4-L5, and L5-S1 was rescheduled. Authorization to continue Norco 10/325 mg, #60, continue Tizanidine 4mg, #30, and return to clinic for re-evaluation and further management was requested. This is a review of the requested Tizanidine 4mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs Page(s): 66.

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

Decision rationale: The request for Tizanidine 4mg, #30 is not medically necessary at this time. As per the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended for short-term treatment only. Based on the medical records submitted for review, it was determined that the injured worker has been taking muscle relaxants since January 2014 and continued to receive prescription refills until the present. With this, prolonged use of Tizanidine, which is a muscle relaxant has been noted, which has gone beyond the recommendation of the guidelines. More so, based on the medical records submitted for review, objective findings for presence of muscle spasms were negative. Even so if it was documented, this can be managed conservatively without the need for medications. The request for Tizanidine 4mg #30 is not medically necessary.