

Case Number:	CM14-0094199		
Date Assigned:	07/25/2014	Date of Injury:	08/12/2013
Decision Date:	09/19/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

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:

According to the records made available for review, this is a 59-year-old female with a 8/12/13 date of injury, and status post right knee partial medial meniscectomy. At the time (6/11/14) of request for authorization for Tizanidine 2 mg #30, Refills: 5, there is documentation of subjective (pain rated 5/10 with the use of Tizanidine, 10/10 without medications; neck pain and stiffness, pain that radiates into the left shoulder down the arm to the hand, bilateral knee pain, bilateral hip pain, left wrist and elbow pain) and objective (tenderness over greater trochanter of hip bilaterally) findings, current diagnoses (musculoligamentous sprain cervical spine with left upper extremity radiculitis, left shoulder tendinitis, bilateral knee internal derangement, left knee patellar subluxation, bilateral knee pes anserine, left knee chondromalacia patella, left great toe contusion, bilateral hip trochanteric bursitis, left hip degenerative joint disease, left knee meniscal tear, left anterior serratus strain, right knee chondromalacia, right knee meniscus tear, left elbow contusion, left wrist sprain), and treatment to date (medications (including ongoing use of cyclobenzaprine and Tizanidine)). A 5/7/14 medical report identifies decreased pain from 10/10 to 5/10 with the use of tizanidine. In addition, the 5/7/14 medical report identifies that the patient indicated that since changing medication from cyclobenzaprine to tizanidine, she notices more pain. There is no documentation of an acute exacerbation of chronic pain and Tizanidine is being used as a second line option and for short-term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2 mg #30, Refills: 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/ Antispasmodic Drugs: Tizanidine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Procedure Summary (last updated 05/15/2014): Antispasticity/ Antispasmodic Drugs; Chou, 2004; See, 2008.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and the treatment requested is used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of musculoligamentous sprain cervical spine with left upper extremity radiculitis, left shoulder tendinitis, bilateral knee internal derangement, left knee patellar subluxation, bilateral knee pes anserine, left knee chondromalacia patella, left great toe contusion, bilateral hip trochanteric bursitis, left hip degenerative joint disease, left knee meniscal tear, left anterior serratus strain, right knee chondromalacia, right knee meniscus tear, left elbow contusion, left wrist sprain. However, there is no documentation of an acute exacerbation of chronic pain and that tizanidine is being used as a second line option and for short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Tizanidine 2 mg #30, Refills: 5 is not medically necessary.