

Case Number:	CM14-0099282		
Date Assigned:	09/16/2014	Date of Injury:	06/14/2010
Decision Date:	10/15/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

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 Interventional Spine 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 59-year-old male with a date of injury of 06/14/2010. The listed diagnoses per [REDACTED] are: 1. Lumbar degenerative disk disease, most significant at L4 to L5 with central and bilateral foraminal narrowing, left greater than right. 2. Bilateral lower extremity radiculopathy. 3. Cervical myoligamentous injury with upper extremity radicular symptoms. 4. Bilateral knee myoligamentous injury with meniscus tear. The medical file provided for review includes 1 progress report from 06/25/2014. According to this report, the injured worker has muscle spasms. Objective findings notes blood pressure and weight, and indicate the injured worker is alert and oriented. Assessment section checks hypertension, gastritis, insomnia, DM type 2, headache, and constipation. This is a request for Tizanidine HCL 4 mg #60. Utilization Review denied the request stating "the injured worker was previously using Fexmid for muscle spasm."

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-64, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

Decision rationale: This injured worker presents with low back pain and muscle spasms. The treating physician is requesting Tizanidine 4mg #60. The MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. Review of the medical file does indicate the injured worker had taken Fexmid in the past, but there is no indication the injured worker has trialed Tizanidine. Given the injured worker's continued pain with spasms, a trial of this medication is indicated. The request for Tizanidine HCL 4 mg #60 is medically necessary.