

Case Number:	CM14-0099908		
Date Assigned:	07/28/2014	Date of Injury:	08/16/2004
Decision Date:	09/17/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/30/2014

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 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:

Injured worker is a female with date of injury 8/16/2004. No medical reports were provided for review. Per utilization review dated 6/23/2014, the patient complains of worsened lower back pain and left sciatica. She is status post cervical epidural injection. She states that the injection helped decrease neck pain. She complains of neck pain, stiffness, and spasms. She can barely walk and using a cane. Exam shows cervical range of motion is full with a negative Spurling's sign. Bilateral lumbar paraspinal tenderness is present with spasm. Straight leg raising test is positive and there is decreased bilateral L4-5 dermatomal sensation. The current diagnosis is lower back strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non sedating muscle relaxants. Decision based on Non-MTUS Citation ODG-Non sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X Muscle Relaxants (for pain) section, Weaning of Medications section, page(s) 63, 66, 124 Page(s): 63 66 124.

Decision rationale: The injured worker has chronic low back strain with no indication of an acute exacerbation. Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Robaxin. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Tizanidine 4 mg #60 is not medically necessary.