

Case Number:	CM13-0062268		
Date Assigned:	06/09/2014	Date of Injury:	05/14/1996
Decision Date:	04/17/2015	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	12/02/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 70-year-old who has filed a claim for chronic low back and bilateral knee pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of May 13, 1996. In a Utilization Review Report dated November 7, 2013, the claims administrator failed to approve a request for tizanidine. The applicant's attorney subsequently appealed. In a progress note dated November 12, 2014, the attending provider acknowledged that the applicant had been deemed permanently disabled and had last worked in 1996. Ongoing complaints of low back pain were noted, 6/10 with medications versus 9/10 without medications. The applicant acknowledged that standing, walking and other activities of daily living remained problematic. Tizanidine, Norco, topiramate, Voltaren gel, Zantac, and Morphine were all renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TIZANIDINE HCL 4 MG #60 FOR THE LUMBAR SPINE AND BILATERAL KNEES: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for tizanidine was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine is FDA approved in the management of spasticity, but can be employed off label for low back pain, as was present here on or around the date in question, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work and had been deemed permanently disabled on or around the date of the request. While the applicant did recount some reported reduction in pain scores from 9/10 without medications and 6/10 with medications, this was, however, outweighed by the applicant's failure to return to the work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing tizanidine usage. Ongoing tizanidine usage failed to curtail the applicant's dependence on opioid agents such as Norco and Morphine. The applicant continue to report difficulty performing activities of daily as basic as standing and walking. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.