

Case Number:	CM14-0199375		
Date Assigned:	12/09/2014	Date of Injury:	01/22/2008
Decision Date:	01/26/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, 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 patient is a 62 year old male with the injury date of 1/22/08. Per physician's report 10/23/14, the patient has low back pain at 8-10/10 without medication and 3-4/10 with medication. With medication, the patient "is able to work as a maintenance worker, and is able to do yard work and light household chores, drives himself to appointments and grocery shopping without difficulty." The patient states that "the induction of tizanidine for his chronic myofascial pain has significantly improved his pain level at night and allowed him to sleep better and waking up fresher." The treater advised the patient "to titrate up Tizanitide to one half tablet one or two times during the day if possible to be able to ease the muscular disc discomfort throughout the day." The patient currently works throughout the day with no medication. The patient is currently taking Cymbalta, Norco, Tizanidine, Thorazine, Duloxetine, Simvastatin, Methocarbamol and Finasteride. Urine drug screen conducted on 08/26/14 was consistent. CURES on 09/22/14 were consistent. SOAPP-R opioid risk management on 10/23/14 had a score of 2, a negative examination. Per 10/13/14 progress report, the patient continues neck and back pain. The patient has had pain relief from medication and acupuncture. The patient works regular duties with some difficulties. The lists of diagnoses are: 1) Cephalgia. Vision problems. S/P teeth implants. TMJ problems 2) C/S sprain/ strain, degenerative disease. Left shoulder, tendonitis. T/S strain 3) S/P left wrist & right hip fx. Right knee tendonitis. Urology problems 4) Sleep difficulties Per 09/23/14 progress report, the patient states that medication decreases his pain from 8-9/10 to 5/10. "The medication allows him to perform daily activities." The utilization review determination being challenged is dated on 11/14/14. Treatment reports were provided from 05/15/14 to 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-97.

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

Decision rationale: The patient presents with pain in his low back. The request is for TIZANIDINE 4mg #60. MTUS guidelines page 64-66 recommend muscle relaxants as a short course of therapy. Page 66 specifically discusses Tizanidine and supports it for low back pain, myofascial and fibromyalgia pain. The patient started utilizing this medication between 10/13/14 and 10/23/14. The 10/23/14 progress report indicates that "the induction of tizanidine for his chronic myofascial pain has significantly improved his pain level at night and allowed him to sleep better and waking up fresher." Given the benefit from the use of this medication, and the fact that it is allowed for low back pain per MTUS, the request IS medically necessary.