MAXIMUS Federal Services

Case Number:	CM14-0212124		
Date Assigned:	01/02/2015	Date of Injury:	02/09/2009
Decision Date:	02/28/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old male with date of injury of 02/09/2009. The listed diagnoses from 11/14/2014 are: 1. Postlaminectomy syndrome; 2. Major depression; 3. Generalized anxiety disorder; and 4. Lumbar disk displacement without myelopathy. According to this report, the patient complains of extreme low back pain with muscle spasms into the lower extremity. The patient also reports knee pain. He continues to benefit from CBT and psychological counseling for his anxiety disorder. He states that his medications improve his ability to walk, decrease his pain and allow him to sleep. Examination shows deep tendon reflexes are symmetrical bilaterally. Straight leg raise is positive on the left. Spasm and guarding are noted in the lumbar spine. Left knee examination is positive for joint line tenderness, and McMurray's test. No other findings were noted on this report. Treatment reports from 05/13/2013 to 11/14/2014 were provided for review. The utilization review denied the request on 11/17/2014.

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 4mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 63 to 66.

Decision rationale: This patient presents with low back and knee pain. The treating physician is requesting Tizanidine HCL 4mg, #30. The Chronic Pain Medical Treatment Guidelines states, Tizanidine (Zanaflex, generic available) is essentially acting alpha-2 adrenergic agonist that is FDA approved for management of spasticity; unlabeled for low back demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome. Chronic Pain Medical Treatment Guidelines also states that for medication use for chronic pain, efficacy in terms of pain reduction and functional gains must also be documented. The records show that the patient was prescribed tizanidine on 11/07/2014. The 11/14/2014 report notes that his medications improve his ability to walk, decrease his pain and allow him to sleep. Given that the treating physician has noted medication efficacy, the continued use of tizanidine is supported by the California MTUS Guidelines. Therefore, the request is medically necessary.