

Case Number:	CM14-0212569		
Date Assigned:	01/02/2015	Date of Injury:	02/13/1999
Decision Date:	03/17/2015	UR Denial Date:	11/25/2014
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, Arizona

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 injured worker is a 58-year-old male who reported a work related injury on 02/13/1999. The mechanism of injury was not provided for review. His diagnoses were noted to include postlaminectomy syndrome of the lumbar region and carpal tunnel syndrome. His past treatment was noted to include analgesic medication, long and short acting opioids, and extensive periods of time off work. The diagnostic studies were noted to include MRI of the left knee, which was noted to reveal poor delineation of the proximal anterior cruciate ligament suggesting partial thickness injury, developing horizontal cleavage plain tear of the lateral meniscus, predominantly involving the posterior horn, diminutive appearing posterior horn of the medial meniscus, and patellofemoral arthrosis. The documentation of 12/18/2014 revealed the injured worker had a complaint of left knee pain with locking and giving way. The injured worker also continued to complain of low back pain, anxiety, nausea, depression, and insomnia. Upon physical examination, the injured worker had 1 to 2+ effusion and decreased L5-S1 nerve root sensation, as well as bilateral lower extremities weakness. His current medications were noted to include Zofran and Zantac. The treatment plan, rationale for the request, and Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47,Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 7 and 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, continued use of this medication would not be supported. The request as submitted failed to include the frequency. Given the above, the request for Tizanidine 4mg #90 is not medically necessary.