

Case Number:	CM15-0010581		
Date Assigned:	01/28/2015	Date of Injury:	02/25/2009
Decision Date:	03/23/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/19/2015

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 injured worker was a 55 year old female, who sustained an industrial injury, February 25, 2009. The injured workers chief complaint was right lower back pain which radiates to the buttocks down the anterolateral aspect of the leg and stops at the foot. The injured worker was diagnosed with post-lami syndrome, low back pain and hypertension and S1 radiculopathy. The injured worker received the following treatments lumbar surgery 1996 and 1998 both prior to the work related injury; topical Voltaren, Tizanidine, atenolol, hydrocodone, Ketoprofen, EMG/NCS (electromyography and nerve conduction studies), 24 chiropractic sessions, lumbar steroid injections, physical therapy, acupuncture treatments and 6 month gym membership with addition 24 sessions of acupuncture. On January 8, 2015, the primary treating physician requested a prescription for Tizanidine HCL 2 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 2 mg # 60 with one refill for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 54 year old patient presents with persistent low back pain that radiates to the buttocks and anterolateral aspects of the leg, as per progress report dated 01/06/15. The request is for TIZANIDINE HCL 2 mg # 60 WITH 1 REFILL FOR THE LUMBAR SPINE. The RFA for this case is dated 01/08/15, and the patient's date of injury is 02/25/09. Medications, as per progress report dated 01/06/15, include Hydrocodone, Tizanidine, Voltaren gel, Ketoprofen, and Atenolol. The patient is status post lumbar surgeries in 1996 and 1998. Diagnoses, as per the same progress report, included post lumbar laminectomy syndrome, low back pain, lumbar radiculopathy, and degeneration of lumbar disc. The patient is not working, as per progress report dated 01/06/15. MTUS Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, a prescription of Tizanidine is first noted in progress report dated 06/09/14, and the patient has been taking the medication consistently at least since then. The treater, however, does not document an improvement in function or a reduction in pain due to Tizanidine use. Additionally, guidelines recommend only a short-term use of the medication. Hence, request IS NOT medically necessary.