

Case Number:	CM15-0011894		
Date Assigned:	01/27/2015	Date of Injury:	02/07/2013
Decision Date:	03/19/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/20/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a male patient, who sustained an industrial injury on 02/07/2013. A primary treating office visit dated 11/11/2014 reported current complaints of moderate lumbar spine pain. It is described as constant pain that radiated into his buttocks, bilateral hips, and leg. the pains were associated with numbness, tingling, cramping, stabbing, dull and sharp pains. He has limited range of motion with flexion, extension, rotation, stooping, bending, lifting, pushing, pulling, carrying, running, standing, sitting, twisting, leaning, laying down, reaching overhead and or behind back, squatting and kneeling. The patient is noted having had undergone a weight loss program, physical therapy to include rehabilitation, and the use of oral medications. The patient is currently on modified work with restrictions to include no bending, climbing, twisting or lifting over 30 pounds. He is diagnosed with chronic low back pain with bilateral lower extremity radiculitis. On 12/17/2014 Utilization Review non-certified a request for medication Tizanidine, noting the CA MTUS Chronic Pain Guidelines were cited. The injured worker submitted an application for independent medical review of request services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, quantity: 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS, 2009, Chronic Pain, Muscle Relaxants Page(s): 63-66.

Decision rationale: Tirzanidine may be used for short-term treatment of acute exacerbations of low back pain, but is not recommended for chronic use. However this patient had been taking Tirzanidine for 8 months, since April 2014. It also is FDA approved for management of spasticity and unlabeled use for low back pain.