

Case Number:	CM15-0015045		
Date Assigned:	02/02/2015	Date of Injury:	11/27/2006
Decision Date:	03/26/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/26/2015

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: Internal 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 59 year old female, who sustained an industrial injury on 11/27/2006. The diagnoses have included postlaminectomy syndrome, lumbar region. Treatment to date has included surgical and conservative measures. Currently, the injured worker complains of low back pain, bilateral leg pain, buttock pain, and severe pain radiating down her right leg. Her VAS score was 8/10. She was documented as losing weight and falling, but doing well. Tenderness was noted over both sacroiliac joints and both greater trochanters. Straight leg test was positive on the right. She used Tizanidine at bedtime for sleep and muscle relaxation. Other medications in use included Valium, Cymbalta, Lyrica, Hydrocodone, Oxycodone, Soma, and Megace. The progress report, dated 11/03/2014, noted magnetic resonance imaging findings from 9/25/2014 as showing some enhancement at the right L4-L5, likely representing granulation tissue fibrosis. On 1/02/2015, Utilization Review non-certified a request for Tizanidine 4mg 1-2 tabs Q HS PRN #60, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg 1-2 tabs QHS PRN #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants Page 63-66.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) address muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Zanaflex (Tizanidine) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored. Medical records document the long-term use of the muscle relaxants Tizanidine (Zanaflex) and Soma. MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend long-term use of muscle relaxants. The request for Tizanidine (Zanaflex) is not supported by MTUS or ACOEM guidelines. Therefore, the request for Tizanidine is not medically necessary.