

Case Number:	CM15-0116836		
Date Assigned:	06/25/2015	Date of Injury:	09/05/2008
Decision Date:	08/06/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/17/2015

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

Certification(s)/Specialty: Pediatrics, 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, male who sustained a work related injury on 9/5/08. The diagnoses have included cervical facet arthropathy, cervical radiculopathy, chronic pain, lumbar facet arthropathy and lumbar radiculopathy. Treatments have included medications, epidural steroid injections, acupuncture with good pain relief, physical therapy with benefit, a home exercise program and chiropractic treatments. In the Pain Medicine Re-Evaluation dated 5/18/15, the injured worker complains of neck pain with pain that radiates down both arms. He complains of low back pain with pain that radiates down both legs. He complains of pain in both arms, both hands and both shoulders. He rates his pain level an average of 5/10 with medications and an average of 8/10 without medications. He states he has limitations in performing activities of daily living due to pain. He reports a 60% improvement in functional capabilities with use of current therapies. Upon physical examination, he has decreased range of motion in cervical spine. He has tenderness to palpation in lumbar spinal vertebral areas. He has moderate range of motion in lumbar spine due to pain. He has positive straight leg raises with both legs in seated position at 70 degrees. He is not working. The treatment plan includes a refill of Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine capsules 2mg, #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Tizanidine Page(s): 63-66, 111.

Decision rationale: Per CA MTUS guidelines, "tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement." Long term use of muscle relaxants is not recommended. The IW has been on tizanidine for an indefinite amount of time. Most of the progress notes reflect a pain scale rating of 5/10 with medications. There is no improvement noted in a decrease of pain per the pain levels. The notes reveal a consistent functional improvement of 60% with use of all treatments. There does not seem to be an improvement in functional capabilities beyond the 60% improvement from visit to visit. Since there is not an improvement in pain level, an increase in functional capabilities and long-term use of muscle relaxants is not recommended, the request for Tizanidine is not medically necessary.