

Case Number:	CM15-0123297		
Date Assigned:	07/07/2015	Date of Injury:	06/11/2014
Decision Date:	08/04/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/26/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 (IW) is a 48-year-old female who sustained an industrial injury on 06/11/2014. Diagnoses include right ankle sprain, rule out osteochondral lesion. An MRI of the right ankle dated 4/7/15 showed a high-grade peroneus longus interstitial tearing superimposed upon a background of tendinosis and tenosynovitis and a focal split thickness tear of the peroneus brevis just distal to the lateral malleolus. A urine drug screen dated 5/2/15 was negative for any medications. Previous and current treatments were not documented. According to the progress notes dated 12/10/14, the IW reported right ankle pain, swelling and recurrent symptoms. On examination, dorsiflexion of the right ankle was 10 degrees less than normal and plantar flexion was 5 degrees less than normal; inversion and eversion were normal. A request was made for Tizanidine/glucosamine sulfate 4mg/250mg, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine/Glucosamine Sulfate 4mg/250mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Co-pack drugs; Compound drugs.

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

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Therefore, the request for Tizanidine/Glucosamine Sulfate 4mg/250mg #30 is not medically necessary.