

Case Number:	CM15-0126291		
Date Assigned:	07/10/2015	Date of Injury:	06/08/2006
Decision Date:	09/22/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/30/2015

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: 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 65 year old female who sustained an industrial injury on 06/08/2006. Current diagnoses include chronic neck pain, disk disease, status post cervical fusion, chronic back pain, spondylosis, disk disease, and headaches. Previous treatments included medications, surgical interventions, physical therapy, TENS unit, epidural steroid injections, acupuncture, and home exercise program. Previous diagnostic studies include lumbar spine MRI. Report dated 05/29/2015 noted that the injured worker presented with complaints that included neck pain and occipital headaches. Pain level was 3-5 (over the last month) and 2-3 (today) out of 10 on a visual analog scale (VAS). Physical examination was positive for severe restriction in range of motion of the neck, movements are guarded, tenderness in the soft tissue at the base of the neck on both sides and both trapezius muscles accompanied by increased tone, moderately restricted lumbar spine range of motion with diffuse tenderness and increased tone of the paralumbar soft tissues from L1-L5. The treatment plan included requests for authorization of Cymbalta, Norco, and Tizanidine, continue home exercise program, follow up in one month, and recommendation for a consultation with interventional pain management specialist. Disputed treatments include Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, and Muscle relaxants for pain, and tizanidine (Zanaflex) Page(s): 1, and 63-66.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for 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." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management, and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. Documentation provided supports that the injured worker has been prescribed tizanidine (Zanaflex) for greater than a 2-3 week period, there is no documentation submitted to support improvement in reducing pain or increasing function with the use of this medication. The request for Tizanidine 2mg, #60 is therefore not medically necessary per guidelines.