

Case Number:	CM15-0126517		
Date Assigned:	07/13/2015	Date of Injury:	11/11/1999
Decision Date:	08/11/2015	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 75 year old female, who sustained an industrial injury on 11/11/1999. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include cervical strain, left shoulder pain following surgery in 2002, bilateral wrist pain follow carpal tunnel surgery, multilevel lumbar disc desiccation and bulging, left knee contusion and rib contusion. Currently, she complained of ongoing low back pain with numbness in the legs. On 5/16/15, the physical examination documented tenderness and muscle spasms in the thoracic and lumbar muscles. There was decreased range of motion and decreased sensation noted. The plan of care included Tizanidine 4mg tablets #60 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 77-78, 60, and 63.

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

Decision rationale: Regarding the request for Tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is documentation of thoracic and lumbar musculature spasm that would benefit from use of a muscle relaxant. However, the request is for Tizanidine with 3 refills. Guidelines recommend short-term use of this medication, and continued use of medication is warranted if there is documentation of functional and symptomatic improvement. Unfortunately, there is no provision to modify the current request. Given this, the currently requested Tizanidine (Zanaflex), is not medically necessary.