

Case Number:	CM15-0129050		
Date Assigned:	07/15/2015	Date of Injury:	07/17/2002
Decision Date:	08/11/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/02/2015

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, Indiana, 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 56 year old female, who sustained an industrial injury on July 17, 2002. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included medication, surgery, ice and heat therapy and steroid injection therapy. Currently, the injured worker complains of low back, right hip and leg pain. The pain is described as a grabbing sensation in her right lower back, hip and buttock. The injured worker is diagnosed with failed back surgery syndrome, lumbar degenerative disc disease, right sacroiliac joint pain and piriformis syndrome and right foot drop. The injured worker is deemed disabled. Notes dated March 4, 2015, April 2, 2015, April 30, 2015 state the injured worker is experienced efficacy from her current medication regimen. The notes also state the injured worker uses heat and ice to help alleviate her symptoms. A note dated May 28, 2015 states the injured worker is experiencing increased pain in her right leg. The injured worker thinks her activity and mobility are declining due to the increase in symptoms. On examination of the same date, there is tenderness at the lumbar spine bilaterally, pain with range of motion and increased tenderness to the right sacroiliac joint, piriformis muscle, and increased hip pain with range of motion. The medication, Tizanidine 4 mg #90 is requested for nighttime spasms and improved sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 4mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar degenerative disc disease; right sacroiliac joint pain and piriformis syndrome; and right foot drop. The date of injury is July 17, 2002. The request for authorization is dated June 2, 2015. The earliest progress note containing a Tizanidine 4 mg prescription is dated November 6, 2014. Additional medications include fentanyl, Norco, clonazepam and atenolol. Subjectively, the injured worker complains of low back pain. The directions indicate tizanidine is taken at bedtime for spasm. The most recent progress note in the medical record is dated May 28, 2015. Subjectively, the injured worker complains of ongoing low back pain that radiates to the bilateral lower extremities. The injured worker continues to take Tizanidine 4 mg hs. Objectively, there is tenderness to palpation lumbar paraspinal muscles with decreased range of motion. There is no documentation demonstrating objective functional improvement. Tizanidine is recommended for short-term (less than two weeks) use. There is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. Tizanidine first appeared in a progress note dated November 2014. The exact start date is unspecified in the medical record. The treating provider continued Tizanidine in excess of the recommended guidelines (less than 2 weeks) for six months. There is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation demonstrating objective functional improvement and continue treatment in excess of the recommended guidelines (less than two weeks) for six months (at a minimum), Tizanidine 4mg #90 is not medically necessary.