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| Case Number: | CM15-0129647 | | |
| Date Assigned: | 07/16/2015 | Date of Injury: | 06/22/1996 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/19/2015 |
| Priority: | Standard | Application Received: | 07/06/2015 |

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: Massachusetts

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 70 year old female, who sustained an industrial injury on 06/22/1996. On provider visit dated 06/17/2015 the injured worker has reported low back pain radiating to both buttocks and back of both thighs. On examination of the injured worker was noted to have an antalgic gait. Cervical spine was noted to have a restricted with flexion and extension. Paravertebral muscles, tenderness and trigger point was noted on both sides. Lumbar spine was noted to have a decreased range of motion and trigger points were noted to palpation. And trochanter bursitis was noted to have tenderness over the both greater trochanters. Multiple trigger point s over the both ilio-tibial bands was noted. Ober's sign was positive bilaterally. The diagnoses have included osteoarthritis of shoulder-left, lumbosacral radiculitis, bursitis trochanteric, fibromyalgia, presence of spinal cord stimulator and lumbar post laminectomy syndrome, osteoarthritis of knee-bilateral and sacro-iliac joint syndrome- left. Treatment to date has included medication: Cymbalta, Tizanidine HCL, Omeprazole, Aspirin, Atenolol, Atorvastatin, Folic Acid, Furosemide, Spironolactone, Topamax, Demerol, Zanaflex, and Topamax, physical therapy, injections and acupuncture. The provider requested Tizanidine 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, day supply: 30, QTY: 90, refills: 00: 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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant has a remote history of a work injury occurring in June 1996 and continues to be treated for radiating back pain. She was seen for an initial evaluation on 06/17/15. Medications being prescribed included tizanidine. When seen, pain was rated at 4-10/10. Physical examination findings included a BMI of over 29. There was an antalgic gait. There was decreased cervical and lumbar spine range of motion with trigger points. There was lumbar spinous process and facet joint tenderness with positive facet loading. Straight leg raising was positive. There was bilateral greater trochanteric and knee tenderness with positive Ober testing and multiple trigger points. Medications were refilled. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. It appears ineffective as the claimant has ongoing muscle spasms and myofascial pain. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.