

Case Number:	CM15-0170658		
Date Assigned:	09/11/2015	Date of Injury:	09/16/2008
Decision Date:	10/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/31/2015

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 51 year old female, who sustained an industrial injury on September 16, 2008. The injured worker was diagnosed as having cervical pain, cervical radiculopathy and syringomyelia. Currently, the injured worker complains of neck pain. She rates her pain level a 3.5 on a 10-point scale with medications and a 7.5 on a 10-point scale without medications. She reports that her quality of sleep is fair and her activity level has remained the same. She notes that her medications are working well and she is able to perform her activities of daily living and increase her activity with medications. On physical examination the injured worker has tenderness to palpation over the cervical paraspinal muscles and has a restricted cervical range of motion. Treatment to date has included TENS unit, physical therapy, medications, home exercise program. Her pain level on February 24, 2015 was 2.5 on a 10-point scale with medications and 7 on a 10-point scale without medications. A request for tizanidine 2mg #30 with two refills was received on August 12, 2015. The Utilization Review physician determined on August 18, 2015 Tizanidine 2 mg #30 with two refills was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). 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 2 mg #30 with two refills 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 cervical pain; cervical radiculopathy; and syringomyelia. Date of injury is September 16, 2008. According to a progress note dated February 24, 2015, the treating provider prescribed Flexeril 5 mg. According to the most recent progress note dated August 6, 2015, the carrier denied Flexeril 5 mg. The treating provider then prescribed tizanidine (in place of Flexeril). The treating provider continued muscle relaxants (in excess of six months). Muscle relaxants (either Flexeril or tizanidine) are recommended for short-term (less than two weeks). As noted above, the treating provider continued Flexeril in excess of six months. This treatment exceeds the recommended guidelines for short-term use. There are no compelling clinical facts to support the ongoing use of muscle relaxants. Additionally, there is no documentation of acute low back pain or an acute exacerbation of chronic low back pain. The two refills are not indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, muscle relaxants treatment continued in excess of six months without supporting compelling clinical facts and no documentation demonstrating objective functional improvement, Tizanidine 2 mg #30 with two refills is not medically necessary.