

Case Number:	CM15-0171968		
Date Assigned:	09/14/2015	Date of Injury:	06/23/2008
Decision Date:	10/20/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/01/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 43 year old female patient who sustained an industrial injury on 6-23-08. The diagnoses include lumbago, thoracic or lumbosacral neuritis or radiculitis, muscle spasm, anxiety, chronic pain syndrome, sciatica and neuralgia, neuritis and radiculitis. She sustained the injury due to lifting a desk that was broken. Per the doctor's note dated 8/7/15, she had complaints of low back pain at 6/10 with medications and at 9/10 without medications. The physical examination of the lumbar spine revealed tenderness and difficulties with range of motion due to pain and positive straight leg raising test. Per the progress report dated 7-9-15 she had complaints of worsening chronic low back pain that radiates down the lower extremities predominately on the left, with numbness and tingling in both feet. Norco controls the pain along with Tizanidine for pain associated with muscle spasms and celebrex for inflammation. The medications list includes tizanidine, Norco, Ambien, xanax, celebrex and lidoderm patch. Work status: temporary total disability. She has had lumbar and thoracic spine X-rays. She has had physical therapy visits for this injury. Plan of care includes: continue current medications, refill Tizanidine 4 mg one three times per day, Xanax 0.5 mg, Celebrex 200 mg, Ambien 10 mg, norco 10-325 mg, and lidoderm patch 5%, request neurostimulator treatment 4 over 30 days, update MRI of lumbar spine due to worsening low back pain with worsening radiculopathy for consideration of an injection therapy, encourage to continue core muscle strengthening, engage in low impact exercise and education given on proper body mechanics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine CAP 4 MG #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex) page 66. According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia." The patient has chronic low back pain. The patient has objective abnormalities on the musculoskeletal physical examination of the lumbar spine: tenderness, difficulties with range of motion due to pain and positive straight leg raising test. Tizanidine is recommended for chronic myofascial pain. The request of Tizanidine CAP 4 MG #90 is deemed medically appropriate and necessary for this patient.