

Case Number:	CM15-0173575		
Date Assigned:	09/15/2015	Date of Injury:	07/06/1987
Decision Date:	10/21/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/02/2015

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: 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 50 year old male patient who sustained a work related injury on 7-6-87. The diagnoses include status post lumbar spine surgery, clinical bilateral lower extremity radiculopathy, worse on the right, right hip strain-sprain and bilateral knee strain-sprain. Per the progress notes dated 7-15-15, he had complaints of pain to his low back, hips, knees and hands and hearing loss. The physical examination revealed decreased range of motion, decreased strength, tenderness and sensory deficit. Per the note dated 7/9/15, physical examination of the lumbar spine revealed tenderness, spasm and decreased range of motion and decreased strength and sensation in the lower extremities. The medications list includes MS Contin, Lidocaine patches, Gabapentin, Ketoprofen, Tizanidine, Meloxicam, naproxen and ibuprofen cream. He has had lumbar spine MRI dated 3/27/2014 which revealed multilevel disc herniations with impingement at right L4 and L5 exiting nerves. He has undergone lumbar spine surgery. The treatment plan includes an orthopedic follow-up and to continue with pain management. The Utilization Review, dated 8- 25-15, the CA MTUS guidelines were not met so Tizanidine 4mg 1 every 12 hours #60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, #60: Overturned

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 rationale: Tizanidine 4mg, #60: 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- tenderness, spasm and decreased range of motion and decreased strength and sensation in the lower extremities. He has had lumbar spine MRI with abnormal findings. He has history of lumbar spine surgeries. Tizanidine is recommended for chronic myofascial pain. The request of Tizanidine 4mg, #60 is deemed medically appropriate and necessary for this patient.