

Case Number:	CM15-0179931		
Date Assigned:	09/21/2015	Date of Injury:	06/18/2007
Decision Date:	11/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/14/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 59 year old male who sustained an industrial injury on 6-18-07. A review of the medical records indicates he is undergoing treatment for foraminal stenosis L5-S1, canal stenosis L4-5, facet osteoarthopathy L4-5 and L5-S1, and cervical myofascial pain. Medical records (5-14-15 to 8-13-15) indicate ongoing complaints of low back pain with radiation to bilateral lower extremities, affecting the left greater than right side. He rates the pain 8 out of 10. He also complains of ongoing cervical pain, rating it 6 out of 10. The physical exam (8-13-15) reveals tenderness in the lumbar spine with decreased range of motion, as well as tenderness in the cervical spine with range of motion limited by pain. Diagnostic studies have included an MRI of the lumbar spine on 5-7-15. Treatment has included oral medications, including Hydrocodone, Lidoderm patches, and Tizanidine. He has been receiving all noted medications since, at least, the 5-14-15 visit. A TENS unit was also requested. The utilization review (9-10-15) indicates request for authorization includes Tizanidine 4mg twice daily, #60. The request was modified to include a quantity of 45 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg twice a day #60: 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 rationale: With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) 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." UDS that evaluate for tizanidine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for tizanidine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 4/2015. As the guidelines recommended muscle relaxants for short-term use only, the request is not medically necessary and cannot be affirmed.