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| Case Number: | CM15-0042223 | | |
| Date Assigned: | 03/12/2015 | Date of Injury: | 09/09/2010 |
| Decision Date: | 04/22/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 03/05/2015 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male, who sustained an industrial injury on 09/09/2010. Initial complaints reported included low back pain. The injured worker was diagnosed as having L1-5 and T12 fractures. Treatment to date has included conservative care, medication management, MRI of the lumbar spine (06/20/2012 & 01/05/2013), CT scan of the brain, radiographic imaging of the lumbar spine, bilateral shoulders and chest, MRI of the lumbar spine, physical therapy, lumbar injections, lumbar surgery, acupuncture, functional restoration program, alcohol dependency treatment/detox, and psychiatric/psychological therapy. Currently, the injured worker complains of constant lumbar spine pain radiating to the right lower extremity and difficulty sleeping. Current diagnoses include lumbar facet arthropathy, lumbar retrolisthesis, lumbar anterior wedging, multi-level lumbar disc bulges and lumbar radiculopathy. The current treatment plan included continued medications and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The 60 year old patient complains of low back pain, rated at 9/10, radiating down to the right leg, along with sleep disturbances, as per progress report dated 01/29/15. The request is for TIZANIDINE 4 mg # 30 WITH 2 REFILLS. There is no RFA for this case, and the patient's date of injury is 09/09/10. Diagnoses, as per progress report dated 01/29/15, included facet arthropathy of the lumbar spine, retrolisthesis of lumbar spine, mild anterior wedging of lumbar spine, lumbar multilevel disc bulges, and lumbar radiculopathy. Medications include Tizanidine and Paxil. The patient has been allowed to work with restrictions, as per the same progress report. MTUS Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, a prescription for Tizanidine is noted only in progress report dated 01/29/15. It is not clear if the patient has received this or any other muscle relaxant prior to this date. The treater does not document an improvement in function or a reduction in pain due to Tizanidine use. MTUS guidelines page 60 require recording of pain and function when medications are used for chronic pain. This request for #30 with 2 refills is not medically necessary.