

Case Number:	CM15-0065997		
Date Assigned:	04/13/2015	Date of Injury:	10/28/2010
Decision Date:	05/21/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/07/2015

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 58 year old female, who sustained an industrial injury on October 28, 2010. She reported an injury to her back, lower extremities, upper extremities, teeth and head when a stack of heavy plastic totes fell and struck her. The injured worker was diagnosed as having major depressive disorder, anxiety disorder, female hypoactive sexual desire disorder due to chronic pain, insomnia related to anxiety disorder NOS and chronic pain, status post orthopedic injury, headaches and gastrointestinal disturbances. Treatment to date has included diagnostic studies, medications, psychological evaluation, psychotherapy, surgery, injections and physical therapy. On March 25, 2015, the injured worker complained of worsening left knee pain, which is limiting her ability to walk. She also reported difficulty straightening her left leg. Complaints included ongoing low back pain radiating predominately to the left lower extremity. She stated that the addition of Tizanidine has been helping to manage her symptoms. The treatment plan included medications, lumbar epidural injection, total joint specialist consultation and a follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60, 1 tab BID PO PRN with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: The patient was injured on 10/28/10 and presents with left knee pain and low back pain. The request is for Tizanidine 4 Mg #60 1 Tab Bid PO PRN with 1 Refill. The utilization review denial letter did not provide a rationale. The RFA is dated 02/24/15 and the patient is to remain off of work. MTUS Guidelines page 66 allows Zanaflex (Tizanidine) for spasticity, but also for low back pain, myofascial pain, and fibromyalgia. The patient is diagnosed with major depressive disorder, anxiety disorder, female hypoactive sexual desire disorder due to chronic pain, insomnia related to anxiety disorder NOS and chronic pain, status post orthopedic injury, headaches, and gastrointestinal disturbances. She has worsening left knee pain, which limits her ability to walk, she has difficulty straightening her left leg, and low back pain which radiates to the left lower extremity. She stated that the addition of Tizanidine has been helping to manage her symptoms. Given the patient's chronic low back pain, the requested Tizanidine appears reasonable. The request is medically necessary.