MAXIMUS Federal Services

Case Number:	CM15-0067946		
Date Assigned:	04/15/2015	Date of Injury:	02/03/2003
Decision Date:	05/15/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/09/2015

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, 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 53 year old male patient who sustained an industrial injury on 02/03/2003. A primary treating office visit dated 10/07/2014 reported the patient with subjective complaint of cervical pain. He experiences numbness and tingling into the right arm, radicular pain in right arm, stiffness and headaches. He reports that heat improves the right sided neck pains. In addition, he is with low back lumbar pain. He has received bursal injections bilaterally without complication. Current medications are: Zaleplon, Topamax, Tizanidine, Prilosec, Percocet, Nortriptyline, and Ibuprophen. The assessment noted: multiple level internal disc disruption with annular tears; disc herniation at L4-5; positive discogram at L4-5; disc annular tear at L4-5; broad based disc protrusion with anterolisthesis at L4-5; multilevel discogenic process with facet hypertrophy and ligamentum flavum hypertrophy at C4-5, C5-6, and C6-7; status post fusion at L4-5 on 09/18/2008; report of poor incorporation of bone in fusion; L2-3 discordant right hip pain with right anterior tear. The plan of care noted with continued recommendation for surgical intervention, changing Norco to Percocet, received trigger point injections. He is permanent and stationary and is to follow up in one months' time. A primary treating office visit dated 03/24/2015 reported no change in subjective complaint, objective findings, medication regimen or plan of care since the visit of 10/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg quantity 60 with three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Anti Spasmodics.

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

Decision rationale: Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification appropriate liver function testing, as recommended by guidelines. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines, since there has been prescriptions for this dating back to April 2014. This worker has long standing chronic pain. Given this, the currently requested tizanidine (Zanaflex), is not medically necessary.