

Case Number:	CM15-0074385		
Date Assigned:	04/24/2015	Date of Injury:	11/17/1999
Decision Date:	05/21/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/20/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 35 year old male who sustained an industrial injury on 11/17/99. The diagnoses have included lumbar radiculopathy, lumbosacral degenerative disc disease (DDD), post laminectomy syndrome, facet arthropathy, and lumbago. Treatment to date has included medications, surgery, physical therapy, diagnostics and activity modifications. The current medications included Celebrex, Lyrica, MS Contin, Baclofen and Fentanyl patch. Currently, as per the physician progress note dated 3/27/15, the injured worker complains of back pain that has greatly improved since having right sided procedure with ablation. He has reported decreased right leg sciatica pain and diminished numbness and tingling down right leg, buttocks and hip. He also reports that medications and rest alleviate the symptoms. The pain is slightly less than the previous visit which was 7/10 on pain scale and now it was 6/10 on pain scale. He noted sacral right lateral stinging and left foot stinging and pain at times. He continues to work full time duties. The physical exam revealed lumbar pain to palpation, diminished range of motion, tenderness, poor posture and antalgic gait. There was positive single leg raise on the left and diminished sensation on the left. The urine drug screen dated 12/22/14 was inconsistent with medications prescribed. The physician requested treatment included Tizanidine 2mg #90 x 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg #90 x 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: This 35 year old male has complained of low back pain since date of injury 11/17/99. He has been treated with surgery, physical therapy and medications to include Tizanidine since at least 01/2015. The current request is for Tizanidine. Per the MTUS guidelines cited above, muscle relaxant agents (Tizanidine) are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Tizanidine is not indicated as medically necessary.