MAXIMUS Federal Services

Case Number:	CM15-0093389		
Date Assigned:	05/19/2015	Date of Injury:	03/19/2005
Decision Date:	06/19/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/14/2015

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: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 66-year-old female with an industrial injury dated 12/01/1999. Diagnoses and prior treatments are not available. The only records submitted are physician appeal of medications and psychiatric progress notes. On 02/03/2015, the physician addresses the previous denial of medications. The physician documents the injured worker will go into serious withdrawals soon. He notes she is on 3 medications for hypertension and 2 psychiatric medications because that was what it took to keep her symptoms under control. He documents the injured worker has a signed opiate agreement on the chart, opioid risk tool has been applied to the injured worker, spot checks of the department of justice patient's activity reports have been appropriate and urine toxicology screens have been appropriate. He also notes the injured worker is personally evaluated each visit by the physician to make sure that the treatment plan is appropriate, that there are no problems or difficulties with the treatment plan and that there are no red flags for possible misuse or aberrant behavior. This request is for Hydrocodone 10/325 #120, oxycodone 20 mg #90 and Tizanidine 20 mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg quantity 180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, a non-sedating muscle relaxant is recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. Tizanidine was used in this patient without clear evidence of spasm or objective monitoring of the drug effect on the patient condition. The patient in this case does have chronic pain and the prolonged use of Tizanidine is not justified. The request of Tizanidine 2mg #180 is not medically necessary.