MAXIMUS Federal Services

Case Number:	CM15-0096826		
Date Assigned:	05/27/2015	Date of Injury:	10/06/1995
Decision Date:	07/03/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/19/2015

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 41-year-old male, who sustained an industrial injury on 10/06/1995. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbago. Treatment to date has included urine drug screening and medications. Currently, the injured worker complains of continued back pain. He was very functional and working full time, without restrictions. He also reported neck pain and left hand pain. His pain was rated 5/10 with medications. Pain levels were consistent and without significant changes for several months. Medication use included Xanax, Tizanidine, and Norco. The use of Tizanidine was noted since at least 8/2013, and the use of Soma was noted prior to 8/2013 date, since at least 8/2012. He also reported tobacco use, hypertension, constipation, and anxiety. Exam of the cervical spine noted tenderness and decreased range of motion. Exam of his upper and lower extremities noted full strength and normal bulk and tone. His lumbar spine was tender at the facet joints and showed decreased range of motion. The treatment plan included continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Medications for chronic Page(s): 63-66, 60.

Decision rationale: The patient was injured on 10/06/1995 and presents with back pain, neck pain, and hand pain. The request is for TIZANIDINE 4 MG #60 WITH 2 REFILLS. The RFA is dated 04/10/2015 and the patient is to continue regular work. The patient has been taking tizanidine as early as 02/03/2014. MTUS Guidelines pages 63 through 66 states "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."The patient is diagnosed with cervical pain/cervicalgia and encounter long-Rx use NEC. The patient is tender along the cervical/lumbar spine, tender at the facet joint, tender at the right/left sacroiliac joint, and has a positive Patrick's test on both the right and left. The 01/05/2014 report states "medications are helping for his pain. He is doing well." The patient rates his pain as a 6/10 with medications. The 03/30/2015 report states "medications are working. He is working full time in construction. He is very functional." The patient rates his pain as a 5/10 with medications. The treater does not specifically discuss the efficacy of tizanidine on any of the reports provided. There is no discussion as to how this medication has been helpful with pain and function. There are only general statements regarding the patient's pain scale and statements regarding that the medications are "helping." No specific benefits are attributed to the use of tizanidine. Page 60 of MTUS Guidelines states when medications are used for chronic pain, recording of pain and function needs to be provided. Therefore, the requested tizanidine IS NOT medically necessary.