

Case Number:	CM15-0097575		
Date Assigned:	05/28/2015	Date of Injury:	12/28/2005
Decision Date:	07/02/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/20/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 56-year-old male, who sustained an industrial injury on 12/28/05. He reported pain in his lower back. The injured worker was diagnosed as having cervical spine failed surgery syndrome, lumbar spine herniated nucleus pulposus and depression/anxiety. Treatment to date has included trigger point injections and physical therapy. Current medications include Tizanidine (since 7/11/14) and Oxycodone (since at least 2/3/15), Ibuprofen, Prilosec and Duloxetine. On 2/17/15, the injured worker rated his pain 7-8/10. Objective findings included T12 paraspinal myospasms on the right side. As of the PR2 dated 3/17/15, the injured worker reports left shoulder pain. The treating physician noted that the physical examination was essentially unchanged from the previous visit. The treating physician requested Tizanidine 2mg #150 x 3 refills and Oxycodone 15mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (03/17/15) Tizanidine 2mg #150 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, page(s) 100, 97

Decision rationale: In accordance with the California MTUS guidelines, Tizanidine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Tizanidine is not medically necessary.