

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review
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Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the Tizanidine 4mg requested **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 4/9/2013 disputing the Utilization Review Denial dated 4/2/2013. A Notice of Assignment and Request for Information was provided to the above parties on 4/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the Tizanidine 4mg requested **is medically necessary and appropriate.**

Medical Qualifications of the Professional Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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 professional 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated April 2, 2013.

"This patient is a 60 year old female who sustained an injury to right knee and low back on 1/22/13 after a slip and fall. Conservative treatment has consisted of medications, follow-up visits with treating physician, x-ray of right knee and low back, and Magnetic Resonance Imaging (MRI) of lumbar spine and right knee (positive for damage to bilateral menisci).

"On 3/11/13 PR2 notes the patient has complaints of low back with radiation down her right leg along with right knee pain. Physician notes the patient's MRI of low back and knee showed definite broad-based lumbar discogenic disease of L3-4, L4-5, and L5 S1 along with significant facet degeneration at L L4, L45 and L5-S1. The patient's right knee MRI is noted to have shown damage to the bilateral menisci, but no evidence of an acute tear. The physician notes the patient has definite disk lesion and knee lesion." On examination, the patient reports a history of heartburn and has been told not to take NSAIDS (non-steroidal, anti inflammatory drugs). Patient has severe stiffness of low back with radiation down her right leg. Patient is noted to have severe pain in her right knee with occasional catching and clicking. Lumbar spine is noted to be "grossly abnormal" with significant spasm bilaterally in latissimus dorsi and decreased ROM (range of motion). Patient can flex to 40 degrees, extend to 10 degrees, left/right rotations are limited to 20 degrees, all with pain in low back going down to right leg. Physician notes on loading of her facet patient has significant pain going directly into hips on rotation, but major complaint is pain radiating into her leg. On examination, right knee is swollen and has decreased ROM (range of motion), can extend to 150 degrees, can flex to 90 degrees, has severe pain in her right knee, has definite pain on pressure on tile medial and lateral meniscus. Patient is noted to have grating and grindings sounds with motion on loading her knee. McMurray's

exam shows definite popping and pressure in the knee. Drawer signs were negative. The physician recommends the patient be on proper medications and dispenses Amitriptyline HCL 50mg, Gabapentin 600mg, Tizanidine HCL. 4mg and Tramadol HCL ER 150mg.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review by [REDACTED] (dated 4/2/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004, Chapter 12 Low Back Complaints, pg 308
- Official Disability Guidelines, Chronic Pain, pg 63
- Doctors First Report of Occupational Injury or Illness (dated 1/22/13)
- Employee’s Medical Records by [REDACTED] (dated 2/9/13)
- Employee’s Medical Records (dated 2/1/13 thru 3/28/13)
- Employee’s Medical Records by [REDACTED] (dated 4/8/13)
- Employee’s Medical Records by [REDACTED] (dated 3/11/13 and 4/12/13)

1) Regarding the request for Tizanidine 4mg:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Professional Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines – Muscle Relaxants Section (page 63), of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator.

The guidelines adopted by the Administrative Director pursuant to Section 5307.27 (MTUS) are not applicable to the employee's medical condition and requested treatment/service. No other nationally recognized medical treatment guidelines were found to be applicable to the employee's medical condition and requested treatment/service. No nationally-recognized professional standards were found to be applicable to the employee's medical condition and requested treatment/service. The Professional Reviewer found an article from the internationally recognized peer-reviewed medical journal, *Expert Opinion on Pharmacology*,¹ relevant and appropriate for the employee’s clinical circumstance.

¹ Malanga G, Reiter RD, Garay E. Update on tizanidine for muscle spasticity and emerging indications, *Expert Opinion on Pharmacotherapy*. Aug 2008, Vol. 9, No. 12, Pages 2209-2215. Available at <http://www.informahealthcare.com>. Accessed June 6, 2013 from <http://www.creditpharma.com/uploadpic/wx/200994125743.pdf>.

Rationale for the Decision:

The employee has a history of bulging lumbar disc, right radiculopathy, lumbar stiffness and decreased range of motion. A lumbar spine examination included in the employee's medical records also showed a history of spasm.

Tizanadine is an alpha-2 adrenergic receptor agonist. Neither tizanadine as a drug nor as a class of drugs is described in the Chronic Pain Medical Treatment Guidelines cited by the Claims Administrator. The MTUS does not specifically reference the use of tizanadine relative to a radiculopathy. The 2008 article in the peer-reviewed medical journal Expert Opinion on Pharmacotherapy is more specific and applicable to this employee. The article includes references to published studies for radiculopathy.^{2,3} Per the medical journal article referenced above, the requested Tizanidine 4mg is medically necessary and appropriate.

² Semenchuk MR, Sherman S. Effectiveness of tizanidine in neuropathic pain: an open-label study. *J Pain* 2000; 1 (4): 285 -92.

³ Leiphart JW, Dills CV, Levy RM. Alpha2-adrenergic receptor subtype specificity of intrathecally administered tizanidine used for analgesia for neuropathic pain. *J Neurosurg* 2004 ; 101 (4): 641 -7.

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.