

Case Number:	CM14-0141983		
Date Assigned:	09/10/2014	Date of Injury:	06/24/1997
Decision Date:	10/06/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Family Practice 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

38 yr. old female claimant sustained a work injury on 6/24/97 involving the neck. She was diagnosed with cervical disc protrusion, cervical stenosis, degenerative disc disease and cervical strain. She underwent radiofrequency nerve ablation of the C2-C7 region and medial branch blocks as well. A progress note on 8/21/14 indicated she had continued neck pain with associated hand numbness. She had been using opioids and NSAIDs for pain relief. Exam findings were notable for tenderness in the paracervical muscles and painful range of motion. The treating physician requested continuation of opioids and Gabapentin along with adding Tizanidine 4 mg twice daily for spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tizandine 4 mg # 60: 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 Muscle relaxants Page(s): 66.

Decision rationale: According to the MTUS guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low

back pain. This class of muscle relaxants are recommend with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Initial dosing is 4 mg daily which can be titrated to twice a day. The initial dose is higher then recommended as ordered above. The response to 4 mg daily is unknown before increasing to twice daily. The Tizandine as prescribed above is not medically necessary.