

Case Number:	CM13-0020544		
Date Assigned:	10/11/2013	Date of Injury:	05/22/2012
Decision Date:	01/24/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois, Indiana and Texas. 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 physician 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:

The patient is a 55-year-old female who reported an injury on 05/22/2012. The patient's physical examination revealed that the patient was not in any physical distress. The diagnoses were noted to include chronic pain syndrome; myofascial pain syndrome; rotator cuff syndrome, not otherwise specified, right; cervical spine stenosis and knee pain secondary to a meniscal injury. The request was made for Tizanidine 2 mg and a consult with an interventional pain specialist for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEOM Guidelines, Chapter 7

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: The California MTUS Guidelines recommend Tizanidine for spasticity; however, they do not recommend it for the treatment of myofascial pain. The clinical documentation submitted for review indicated that the patient had not trialed Zanaflex; however,

the clinical documentation submitted for review failed to provide the necessity for the requested medication. Given the above, the request for Tizanidine 2 mg is not medically necessary.

consult with interventional pain specialist; cervical spine: 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 Page(s): 78.

Decision rationale: The California MTUS guidelines indicate there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. The clinical documentation submitted for review indicated that the patient had chronic pain and exacerbations of that pain, however it failed to document the patient had been on opioids to support the request. Given the above, the request for a consult with an interventional pain specialist for the cervical spine is not medically necessary.