

<b>Case Number:</b>	CM13-0033175		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Psychiatry 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:

Injured worker is a 52-year-old male with date of injury 08/16/2011. Date of the UR decision was 09/16/2013. He suffered from injury to right shoulder and cervical spinal. The injured worker has been diagnosed with right shoulder SLAP tear and impingement syndrome. He has undergone physical therapy, cortisone injections to the right shoulder, myofascial release therapy, work conditioning program and acupuncture therapy. Report dated 8/ 28/ 2013 stated that he reported experiencing neck and shoulder pain, which ranged from 6-9/10 and the greatest pain was at the right arm when he raised it above shoulder level. Tizanidine and Fioricet were prescribed and follow up appointment was made for 10/3/2013. Report dated 5/21/2013 indicated that he had attended 12 Physical Therapy sessions and had undergone two cortisone injections with only temporary relief. He was also prescribed naproxen as well as muscle relaxant medications per the report. It was suggested that there was an obvious mechanical issue that needed repair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4 MG, #120:** 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  
Tizanidine (Zanaflex) Page(s): 66.

**Decision rationale:** Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007) Side effects: somnolence, dizziness, dry mouth, hypotension, weakness, hepatotoxicity (LFTs should be monitored baseline, 1, 3, and 6 months). (See, 2008) Dosing: 4 mg initial dose; titrate gradually by 2 - 4 mg every 6 - 8 hours until therapeutic effect with tolerable side-effects; maximum 36 mg per day. (See, 2008) Use with caution in renal impairment; should be avoided in hepatic impairment. Tizanidine use has been associated with hepatic aminotransaminase elevations that are usually asymptomatic and reversible with discontinuation. The injured worker suffered from injury to right shoulder and cervical spinal. He has been diagnosed with right shoulder SLAP tear and impingement syndrome. He has undergone physical therapy, cortisone injections to the right shoulder, myofascial release therapy, work conditioning program and acupuncture therapy. The guidelines do not recommend use of Tizanidine long term. Thus, the request for Tizanidine 4 mg #120 is not medically necessary.

**Fioricet 50/325/40 MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Barbiturate Containing Analgesics (BCAs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** Barbiturate-containing analgesic agents (BCAs) Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987). The injured worker suffered from injury to right shoulder and cervical spinal. He has been diagnosed with right shoulder SLAP tear and impingement syndrome. He has undergone physical therapy, cortisone injections to the right shoulder, myofascial release therapy, work conditioning program and acupuncture therapy. Fioricet has high chance of abuse and dependence and is not indicated for long term use. The request for Fioricet 50/325/40MG, #60 is not medically necessary.

**Psychiatric Evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Psychological Evaluations.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

**Decision rationale:** ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities" The injured worker suffered from injury to right shoulder and cervical spinal. He has been diagnosed with right shoulder SLAP tear and impingement syndrome. He has undergone physical therapy, cortisone injections to the right shoulder, myofascial release therapy, work conditioning program and acupuncture therapy. There is no documentation suggestive of any serious psychiatric symptoms that would warrant a referral to a specialist. Thus, request for Psychiatric evaluation is not medically necessary.