

Case Number:	CM13-0055327		
Date Assigned:	12/30/2013	Date of Injury:	03/17/2008
Decision Date:	03/26/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/20/2013

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 Occupational 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, upper extremity pain, shoulder pain, and carpal tunnel syndrome reportedly associated with an industrial motor vehicle accident of March 17, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; transfer of care to and from various providers in various specialties; topical compounds; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of November 7, 2013, the claims administrator reportedly denied a request for Tizanidine. The applicant's attorney subsequently appealed. It is incidentally noted that the applicant's cases and care have been complicated by comorbidities which include coronary artery disease, status post coronary artery bypass grafting. A December 12, 2013 progress note is notable for comments that the applicant presents with multifocal neck, lower back, and upper extremity pain secondary to carpal tunnel syndrome. The applicant is having heightened neck and shoulder pain. The applicant is on Morphine, Protonix, Neurontin, capsaicin, Zanaflex, Metformin, aspirin, Coreg, Advair, and Livalo. Multiple medications are refilled, including Morphine, Protonix, Neurontin, capsaicin cream, and Zanaflex. Permanent work restrictions are again endorsed. Zanaflex is apparently being used for muscle spasm purposes. A 30-tablet supply of the same was issued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

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

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does state that Tizanidine, a muscle relaxant, is FDA approved in the management of spasticity and tepidly endorsed for unlabeled use in the treatment of low back pain, in this case, however, the applicant has used this and other agents for low back pain chronically and failed to derive any lasting benefit or functional improvement despite prior usage of the same. The applicant has failed to return to work. Permanent work restrictions remain in place, unchanged from visit to visit. The applicant remains highly reliant on various medications, including Morphine, Neurontin, capsaicin cream, etc. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Tizanidine. Therefore, the request for continuation of Tizanidine is not certified, on Independent Medical Review.