

Case Number:	CM13-0068767		
Date Assigned:	01/03/2014	Date of Injury:	10/01/2009
Decision Date:	04/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/19/2013

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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:

This is a 60-year-old female who worked as an underwriter and sustained repetitive work related injuries as a result, with a date of injury on 10/01/2009. She complains of left sided neck pain that radiates toward the left periscapular region, right shoulder and bilateral wrist and hand pain. She has been diagnosed with status post fluoroscopically guided left C5-6 and left C7-T1 facet joint radiofrequency nerve ablation and nerve block, left cervical facet joint pain at C5-6, C6-7 and C7-T1, cervical face joint arthropathy, cervical sprain/strain, right shoulder impingement and sprain /strain, bilateral upper extremity overuse injury, left carpal tunnel syndrome (status post carpal tunnel release) and status post left De Quervain's release. On her most recent examination dated Dec 17, 2013 she had 'right shoulder decreased range of motion in all directions with positive impingement signs, decreased cervical spine range of motion with noted cervical facet joint provocative maneuvers positive with tenderness upon palpation of the right and left cervical paraspinal muscles overlying the left C5 to T1 facet joints and bilateral wrists'.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg, #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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) Although the subjective complaint of pain is clearly existent and noted physical examination documentation of continued musculoskeletal issues on the Comprehensive Medical - Legal Evaluation Report dated Dec 19, 2013 and on the Primary Treating Physician's Progress Report dated September 10, 2013, Jul 30, 2013, July 2, 2013, June 6, 2013, May 9, 2013, March 14, 2013 and Feb 7, 2013 there is no subjective complaint of muscle spasm or tightness and no physical examination documentation of skeletal muscle hypertonicity or spasticity. In fact, on each occurrence, the opening line documenting the patient's subjective statements and the physician's physical examination findings are nearly identical on each progress report submitted. Only on one of the medical documents provided by the qualified medical evaluator (QME) dated Oct 8, 2013 is it documented 'there is cervical guarding and spasm at the time of the examination. With muscle palpation examination, there is spasm and tightness at the cervical paraspinal musculature.' As it stands by the medical documentation the request for Tizanidine not medically necessary. The patient may benefit from use of a muscle relaxant medication that is FDA approved for that purpose.