MAXIMUS Federal Services

Case Number:	CM13-0069738		
Date Assigned:	01/03/2014	Date of Injury:	10/14/2006
Decision Date:	06/05/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/23/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases, 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:

The injured worker is a 55-year-old who reported an injury on October 14, 2006 secondary to being hit with a cart in the back. The clinical note dated June 12, 2013 reported the injured worker complained of lumbar spine rated at a 5/10. She stated the tingling and burning is constant and radiates down the right leg to the bottom of the right foot. She also reportedly complained of right shoulder pain rated at a 5/10 radiating to the wrist. The physical exam reported the injured worker had a stiff neck with 50% of full motion. The right shoulder range of motion was reported at 180 degrees flexion and 30 degrees extension. The lumbar range of motion was reported at 40 degrees flexion and five degrees extension. The diagnoses included right shoulder impingement syndrome, C5-C6 disc bulge, lumbar spine sprain/strain of a chronic nature, lumbar spine radiculopathy, and AC cartilage disorder of the right shoulder. The injured worker's medications included Naprosyn and Tizanidine. The request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4 MG, ONE BY MOUTH (PO) TWICE A DAY (BID) AS NEEDED (PRN), #60, TWO (2) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

Decision rationale: The injured worker has a history of pain to the lumbar spine and right shoulder. The Chronic Pain Medical Treatment Guidelines recommend muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Based on the clinical information given the injured worker has been using this medication as an on-going treatment since approximately June of 2013 which far exceeds the short term recommendation of the guidelines. In addition, the physician did not provide evidence or documentation this is an acute exacerbation of pain in the injured worker which would necessitate this medication. In addition, there is a lack of physical exam findings to support the need for a muscle relaxant. Furthermore, the documentation provided failed to note any significant improvement with Tizanidine to date. The request for Tizanidine 4 mg, one by mouth twice a day as needed, sixty count with two refills, is not medcially necessary or appropriate.