

Case Number:	CM14-0000231		
Date Assigned:	01/08/2014	Date of Injury:	11/03/2009
Decision Date:	05/22/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/31/2013

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 Family Practice and is licensed to practice in New Jersey. 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 worker is a 40 year-old female who was injured when on November 3 2009 while lifting a patient into bed working as the patient's caregiver, when she experienced sudden pain in her neck and left shoulder later diagnosed as a muscle strain. After continuing to work without medical treatment, she days later developed pain in her right shoulder and lumbar spine in addition to her left shoulder and neck pain, and has since been experiencing intermittent lower back pain and left shoulder pain since her initial injury. The worker reported to her treating physician on 11/20/13 left shoulder pain and lower back muscle pain and tightness which caused radiating pain into her left leg and foot with numbness and tingling for which her treating physician prescribed weight loss, a muscle relaxant drug (Tizanidine), as well as an non-steroidal anti-inflammatory drug (NSAID) (Naproxen) and an opioid (Hydrocodone/APAP) after diagnosing her with cervical strain, shoulder impingement, sciatica, and lower back disc herniation.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4 MG, QUANTITY 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Low Back Complaints Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants such as Tizanidine for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, but provides no benefit beyond non-steroidal anti-inflammatory drug (NSAID) use for pain and overall improvement, and are likely to cause unnecessary side effects. Tizanidine has an unlabeled use for low back pain. The worker was prescribed Naproxen (a NSAID) in addition to opioids and Tizanidine in this instance. No record was seen from the documents provided showing how the worker responded to this treatment. Because both an NSAID and a muscle relaxant were prescribed at the same time for the worker's shoulder and lower back pain, instead of first prescribing the NSAID alone as a first line therapy for muscle strain, as such the Tizanidine not medically necessary.