

Case Number:	CM14-0003836		
Date Assigned:	02/03/2014	Date of Injury:	12/02/2011
Decision Date:	06/20/2014	UR Denial Date:	12/22/2013
Priority:	Standard	Application Received:	01/10/2014

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 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 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 patient has submitted a claim for Sprain of acromioclavicular associated with an industrial injury date of December 2, 2011. Treatment to date has included physical therapy, chiropractic, trigger point injection, pain medications that includes Lyrica, Norco, Famotidine, Ambien, Celebrex, Tramadol, and Flexeril. Medical records from 2012 to 2014 were reviewed which showed that the patient has been experiencing chronic pain and spasm at the lower back, neck and shoulders. The patient claims that the pain gets better after rest and taking pain medications. The patient has difficulty performing activities related to hygiene and writing. Upon the most recent physical examination record available, dated January 2014, the patient has mid spasm at trapezius, scalene middle and anterior, pectoralis muscles attached to bilateral shoulders. Muscle tightness was observed on bilateral anterolateral cervical area.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF TIZANDINE 4MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM PRACTICE GUIDELINES, 2ND EDITION (2004), CHAPTER 12 (LOW BACK COMPLAINTS) (2004), 308

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

Decision rationale: As stated on page 63 of CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbation in patients with low back pain. On page 66, Tizanidine is said to be FDA approved for the management of spasticity with an unlabeled use for low-back pain. Muscle relaxant efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been taking Tizanidine HCL 4mg BID/PRN since August 2012 and still up to the recent report dated January 2014, the spasticity problem has not been resolved. Although there was mention of relief of pain with medications, there was no mention of relief from spasticity. Furthermore, since tizanidine is being prescribed on as needed basis, there is no documentation regarding the frequency of intake. In addition, long-term use of this medication is not supported by the guidelines. Therefore, the request for Tizanidine 4mg #30 is not medically necessary.