

Case Number:	CM14-0005291		
Date Assigned:	01/24/2014	Date of Injury:	08/09/2010
Decision Date:	09/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/14/2014

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 Physical Medicine and Rehabilitation 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:

This is a 39-year-old female with an 8/9/10 date of injury, when she injured her cervical spine and both upper extremities due to repetitive movements. The patient underwent C5-C6 anterior cervical discectomy and fusion with iliac crest bone graft on 10/1/12. The patient was seen on 7/1/13 with complaints of upper extremity pain with the neck movement and spasm of the left upper extremity. She was taking Norco, Zanaflex, Temazepam and Codeine. The patient was seen on 10/24/13 with complaints of pain in the neck, bilateral shoulders/arms and bilateral elbows/forearms with numbness in the bilateral hands/wrists. Exam findings revealed tenderness to palpation over the paraspinal muscles of the cervical spine with grade 2 palpable spasm. The range of motion in the cervical spine was decrease and cervical compression test was positive. There was tenderness to palpation in the bilateral shoulders, arms, elbows, forearms, wrists and hands. The patient reported that her pain decreased with the acupuncture therapy and medications. The diagnosis is status post cervical fusion, cervical sprain/strain and cervical spine canal narrowing, left shoulder and elbow sprain/strain, bilateral carpal tunnel syndrome. Treatment to date: acupuncture, physical therapy, work restrictions and medications. An adverse determination was received on 12/20/13 given that it was not clear for how long the patient was using Tiazidine and is was not clear for how long the treatment was intended.

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).

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha₂-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, MTUS also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The progress notes indicated that the patient was using Zanaflex (Tizanidine) at least from 7/29/13. However, there is a lack of documentation indicating subjective and objective functional gains with the treatment. In addition, the guidelines recommend the use of muscle relaxants for a short period of time and the patient was using Zanaflex for over a year. There is no rationale with regards to specified goals with continued muscle relaxant treatment and the physical examination did not indicate that the patient suffered from severe muscle spasticity. Therefore, the request for Tizanidine 4mg #90 was not medically necessary.