

<b>Case Number:</b>	CM14-0102205		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/17/2004
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 applicant is a represented [REDACTED] employee, who has filed a claim for carpal tunnel syndrome and cubital tunnel syndrome reportedly associated with an industrial injury of March 17, 2004. Thus far, the applicant has been treated with the following: Right and left carpal tunnel release surgery; adjuvant medications; the apparent imposition of permanent work restrictions; and extensive periods of time off of work. In Utilization Review Report dated June 24, 2014, the claims administrator denied a request for tizanidine, denied a request for Voltaren gel, and conditionally denied a request for Neurontin. The applicant's attorney subsequently appealed. In an April 15, 2014 progress note, the applicant reported ongoing complaints of upper extremity paresthesias associated with residual carpal tunnel syndrome status carpal tunnel release surgeries. The applicant stated that he was stable and functioning on a combination of gabapentin and tizanidine, it was suggested. Both of the same were refilled. The applicant was receiving a pension from his employer as well as Social Security Disability Insurance (SSDI) benefits, it was stated. On July 29, 2014, the attending provider suggested that the applicant had persistent complains of pain. The attending provider stated that the applicant's pain complaints were previously diminished from 7/10 without medications to 4/10 with the combination of gabapentin and tizanidine. It was stated the applicant was using tizanidine nightly. The applicant was depressed and frustrated over his medication denials, it was stated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex Section. Page(s): 66.

**Decision rationale:** While page 66 in the MTUS Chronic Pain Medical Treatment Guidelines notes that tizanidine is FDA approved in the management of spasticity and can be employed off label for low back pain, in this case, however, the applicant's primary pain generator are the bilateral wrists. There is no evidence of any issues with spasticity, muscle spasm, or low back pain which would compel provision of tizanidine. No rationale for the selection and/or ongoing usage of this particular agent for the carpal tunnel syndrome was furnished by the attending provider. Therefore, the request is not medically necessary.

**Voltaren gel 1% #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Voltaren/Diclofenac Section. Page(s): 112.

**Decision rationale:** While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does indicate that topical Voltaren gel is indicated in the treatment of small joint arthritis or tendonitis which lends itself toward topical application, such as, for instance, arthritis or tendinitis of the hands, wrists, forearms, knees, ankles, etc., in this case, however, the applicant's symptoms have been deemed the request of residual carpal tunnel syndrome following earlier left and right carpal tunnel release surgeries. The attending provider has not stated that either tendinitis or arthritis are amongst the operating diagnoses. Therefore, the request is not medically necessary.