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| Case Number: | CM14-0010056 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 07/29/2003 |
| Decision Date: | 06/25/2014 | UR Denial Date: | 01/10/2014 |
| Priority: | Standard | Application Received: | 01/24/2014 |

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 Family Practice, 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 is a 56 year old female claimant who sustained a work injury resulting in a diagnosis of cervical/thoracic strain, bilateral carpal tunnel syndrome, bilateral hip bursitis, and left knee patellofemoral syndrome. She had taken Tylenol and applied topical Lidocaine in the past for pain control. An exam report on 12/26/13 indicated the claimant had bilateral upper extremity pain. She had been on Celebrex, Lyrica, and Tizanidine at the time. Exam findings were consistent with carpal tunnel syndrome. She was continued on the above medications for her symptoms. On 1/3/14 she was prescribed the same medications and had unchanged exam findings. On 1/28/14, the claimant had sharp elbow pain. Exam findings included paracervical tenderness consistent with a strain, a positive Spurling's test and diminished triceps reflexes. Celebrex, Tizanidine and Lyrica were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TIZANIDINE,

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

Decision rationale: In this case, the claimant had been on Tizanidine for several months with no significant improvement in symptoms. The indication for use was associated with carpal tunnel and neck strain. The MTUS Chronic Pain Guidelines indicates muscle relaxants are not recommended for those indications for a prolonged length of time. Continued use of Tizanidine in this case is not medically necessary and appropriate.