

Case Number:	CM14-0015470		
Date Assigned:	02/28/2014	Date of Injury:	05/06/2010
Decision Date:	06/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/06/2014

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 is represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 6, 2010. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; a shoulder corticosteroid injection; unspecified amounts of physical therapy over the life of the claim; and work restrictions. In a utilization review report of January 15, 2014, the claims administrator partially certified a request for 90 tablets of tizanidine as 30 tablets of tizanidine. The patient's attorney subsequently appealed. A January 29, 2014 progress note was notable for comments that the patient reported persistent neck and shoulder pain, 6 to 7/10. The patient had limited shoulder range of motion. The patient underwent a shoulder corticosteroid injection in the clinic. The patient was given diagnoses of neck pain, low back pain, shoulder pain, and hip pain. Motrin, Prilosec, Tramadol, tizanidine, and Flector were all refilled. The patient was given a rather proscriptive 20-pound lifting limitation. It was not clearly stated whether the patient was in fact working or not. The patient was incidentally described as having an ancillary complaint of low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TIZANIDINE 4 MG, #90 - ONE 3 X PER DAY AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Tizanidine Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Tizanidine Section Page(s): 66. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TIZANIDINE SECTION.MTUS 9792.20f., 66

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does note that tizanidine is FDA approved in management of spasticity and is tepidly endorsed for unlabeled use for low back pain, in this case, however, the request represented a renewal request for tizanidine. The attending provider did not comment on or address the topic of functional improvement with ongoing tizanidine usage. There was no clear evidence of any improvement effected as a result of ongoing tizanidine usage as defined by the parameters established in section 9792.20f. The patient had seemingly failed to return to work with a rather proscriptive 20-pound lifting limitation in place. Ongoing use of tizanidine did not diminish the patient's consumption of other medications. The patient still remains reliant on various topical agents, including Flector, corticosteroid injections, and opioids such as Tramadol. All the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f, despite prior, ongoing usage of tizanidine. Therefore, the request is not medically necessary.