

Case Number:	CM14-0137238		
Date Assigned:	09/18/2014	Date of Injury:	12/23/2010
Decision Date:	11/03/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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 Texas and Ohio. 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 injured worker is a 58-year-old female who reported an injury on 12/23/2010 due to an unknown mechanism. The diagnoses were for cervical radiculopathy, cervical myelopathy, cervical spine stenosis, neural foraminal narrowing at the C2-3, C3-4, spondylolisthesis, C5-6, degenerative disc disease of the cervical spine. Past treatments were acupuncture, physical therapy, and medications. The physical examination on 06/30/2014 revealed complaints of neck and bilateral upper extremity pain which was rated a 7/10 on the pain scale. The injured worker reported she was having an increase in neck pain due to lying on the exam table and straining her neck at her doctor's appointment. The injured worker reported she had sporadic radiation of pain and numbness in the bilateral upper extremities that went all the way to her fingers. Most of the pain was in the upper back and shoulder, with the right worse than the left. The examination revealed tenderness to palpation about the mid spine and paraspinal musculature in the cervical spine. Hoffmann's was markedly positive bilaterally. There was one beat of clonus bilaterally. The treatment options were for physical therapy, chiropractic treatment, multiple pain management techniques, injections and surgery. The rationale and Request For Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

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

Decision rationale: The decision for tizanidine HCL 4 mg quantity 90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend tizanidine (Zanaflex) as a non-sedating muscle relaxant with caution as a second line option for short term treatment at the acute exacerbations in patients with low back pain. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. There is a lack of documentation of objective improvement. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.