

Case Number:	CM14-0022647		
Date Assigned:	06/11/2014	Date of Injury:	02/20/2002
Decision Date:	08/07/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in California and Washington. 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 57-year-old male who reported an injury on 02/20/2002 due to an unknown mechanism. The injured worker had a physical examination dated 02/05/2014 where he complained of pain in his right wrist. The injured worker stated his pain is a 6 out 10 on the visual analog scale (VAS) pain scale. The pain level before taking medications was 8 out of 10 and after taking medication was 4 out of 10. The injured worker stated the medication takes 45 minutes to reduce the pain, which lasts 3-4 hours. The injured worker stated pain is aggravated by bending, twisting, lifting, and gripping. He also stated the pain is improved with medication, rest, massage, transcutaneous electrical nerve stimulation (TENS) unit, and avoiding strenuous activity. Past medications for the injured worker were Ultram, Lyrica, Vicodin, Lidoderm, baclofen, Norco, glucosamine, MS Contin, Tizanidine. Present medications are Norco 10/325 six tablets daily, Lyrica 150mg two tablets daily, Zanaflex 4mg three tablets daily. Examination revealed good range of motion of the wrist, but there were complaints of pain with range of motion. Hyperextension and flexion against resistance was weak. Grip strength of the right hand was weaker than the left. There was no tenderness to palpation on the wrist region. The diagnoses were chronic wrist pain, right wrist weakness, medication maintenance. The rationale and request for authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for one (1) prescription of Tizanidine 4mg #40: 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 (for pain) Page(s): 63-66.

Decision rationale: The request for Tizanidine 4mg quantity 40 is non-certified. The California Medical Treatment Utilization schedule states for muscle relaxants to use with caution as a second line option for short term treatment of acute exasperations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported at first effect of muscle relaxant medications. The medical guidelines state this medication is used for low back pain. The injured worker did not have a diagnosis of low back pain. Muscle relaxants are only to be used for a short term treatment. There was no reported muscle spasm in the physical examination. Also, the request submitted does not state the frequency for the medication. Therefore, the request for prospective request for one (1) prescription of Tizanidine 4mg #40 is non-certified.