

Case Number:	CM14-0029174		
Date Assigned:	06/20/2014	Date of Injury:	09/30/2011
Decision Date:	08/08/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/07/2014

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 Nevada. 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 records presented for review indicate that this 42-year-old female was reportedly injured on September 30, 2011. The mechanism of injury was noted as cumulative trauma from repetitive activity. The most recent progress note, dated November 4, 2013, indicates that there were ongoing complaints of right shoulder pain. The physical examination demonstrated slightly decreased right shoulder range of motion, tenderness at the Acromioclavicular (AC) joint, and 4/5 muscle strength with abduction and external rotation. A right shoulder subacromial cortisone injection was recommended as well as renewal of physical therapy and prescriptions of anti-inflammatory medications. Previous treatment included right shoulder arthroscopic surgery on February 3, 2014, foreign acromioplasty, resection of the Coracoacromial ligament and Subacromial bursa, and resection of the distal clavicle. There was also a recent surgery for a right carpal tunnel release of the left wrist. A request had been made for Tizanidine and was not certified in the pre-authorization process on February 7, 2014.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: Tizanidine is a muscle relaxant indicated as a second line option for the short-term treatment of acute exacerbation of chronic low back pain. According to the attached medical record, the injured employee is not experiencing muscular exacerbation nor were there any spasms present on physical examination. There was a near normal examination of the right shoulder. For these multiple reasons, this request for Tizanidine is not medically necessary.