

Case Number:	CM14-0037026		
Date Assigned:	03/28/2014	Date of Injury:	06/09/2008
Decision Date:	05/08/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/27/2014

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, has a subspecialty in Pain 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 a 55 year old female who was injured on 06/09/2008 when she lost her balance and slipped down the side of the dumpster. She grabbed on with her right hand and hung with her full weight on her right arm and then fell to the ground. Prior treatment history has included physical therapy, massage, injection to the right shoulder and arm with no improvement. The patient underwent a release of the right radial and carpal tunnels on 03/17/2010. The patient's medications as of 02/17/2014 include: (VAS pain rated at 3-4/10 with medications and 8-9/10 without medications) Norco, Ibuprofen, Gabapentin, Zanaflex, Triamterene, Effexor and Lidoderm patches. Diagnostic studies reviewed include electrodiagnostic studies on 12/29/2009 showed evidence of possible right radial tunnel syndrome. MRI of the right wrist on 12/15/2009 showed a defect in the mid portion of the scapholunate ligament at the attachment, a defect in the ulnar styloid attachment of the triangular fibrocartilage, dorsal distal radioulnar subluxation, distal radioulnar joint effusion, tenosynovitis of the flexor digitorum profundus, scaphotrapezial trapezoid osteoarthritis and possible carpal tunnel syndrome. MRI of the cervical spine on 12/08/2009 showed disc bulges at three levels with narrowing of the neural foramina and displacement of the exiting nerve roots at C5, C6 and C7. Electrodiagnostic studies of the upper extremities on 08/13/2008 showed slight carpal tunnel syndrome on the right. X-rays of the cervical spine in mid July of 2008 showed mild degenerative changes at C6-7 with spurs slightly impinging on the left intervertebral foramen. PR-2 dated 02/17/2014 stated the patient returned for a follow-up. She had a lot of difficulties with the right hand. She has used heat as well as cold modalities to try to break the cycle. She felt the discomfort on her middle digit of her right hand when she tried to make a fist that seems to extend up to the elbow. She rated her pain on an average a 5-6/10 but without her medications it is 8-9/10 and with her medications it is 3-4/10. The patient stated that within 40 minutes her medications seem to take effect. Objective findings

on exam revealed the patient was able to make a fist with the right hand but with some discomfort. There was no swelling of the MCP joints of the right hand as compared to the left. There was some tenderness to palpation of the PIP joint of the right 3rd digit. The right hand grip is about 4/5. On the left, it is 5/5. The rest of the examination is unchanged. The patient was diagnosed with right carpal tunnel syndrome at the wrist, status post operative fixation in March 2010, neck pain, right shoulder pain, and right wrist pain. The patient was provided Norco as well as a 1 month supply of ibuprofen, Tizanidine and Gabapentin. The patient also was provided with prescription for Pennsaid 1.5% which she may apply. The patient understands she is not to use this concurrently with the ibuprofen. The patient may continue with Lidoderm as prescribed. The patient was recommended a right hand x-ray for further diagnostic evaluation; acupuncture 2 times a week for 4 weeks for a total of 8 sessions for the right arm discomfort. The patient is still awaiting arrangements for a different evaluator. The patient is to follow-up in 1 month for re-evaluation and further recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TIZANIDINE 4MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, and NSAIDs Page(s): 22, 67-68.

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

Decision rationale: According to the California MTUS guidelines, Tizanidine is recommended for management of spasticity; unlabeled use for low back pain. One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain, and may also provide benefit as an adjunct treatment for fibromyalgia. The medical records document the patient had right hand pain that is modrated with flare-up that made difficulties in grooming and self care activiteis. The pateint had been on tizanidine for at least 4 months. Objectively, the patient is able to make a fist with the right hand (with some discomfort), no swelling noted in the MCP joints of the right hand, tenderness in PIP joint of the 3rd digit and hand grip was about 4/5. In the absence of documented myofacial pain, spasticity and lack of improvement since the patient began taking the medication , the request is not medically necessary according to the guidelines.