MAXIMUS Federal Services

Case Number:	CM14-0037091		
Date Assigned:	06/25/2014	Date of Injury:	04/06/2013
Decision Date:	07/28/2014	UR Denial Date:	02/25/2014
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 and is licensed to practice in Texas. 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 56 year old female who sustained an injury on 04/06/13 due to walking into a doorframe injuring the right elbow and right shoulder. Initial treatment included work restrictions and injections. The injured worker also developed work-related anxiety and stress. Prior medications included Naproxen, Tylenol 3 and Tramadol with minimal benefit. The injured worker also reported no relief with physical therapy. Tizanidine was prescribed in December of 2013 for associated muscle spasms. As of 03/11/14, the injured worker continued to have significant spasms and tenderness in the cervical paraspinal musculature from C2-C7 as well as tenderness in the right shoulder muscles and the right upper trapezius. There was limited range of motion in the cervical spine with positive right shoulder compression signs. Tenderness and spasms continued through the right elbow, wrist and hands. Due to gastric upset with Naproxen, the injured worker was switched to Celebrex. The injured worker was also given a topical compounded medication at this visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60 for muscle tension and to help sleep: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-67.

Decision rationale: Tizanidine is an antispasmodic that is recommended for acute musculoskeletal spasms or for flare ups of chronic musculoskeletal conditions. In this case, the injured worker was prescribed Tizanidine after failure of anti-inflammatories and analgesics for pain. From the clinical documentation provided for review, there is no indication that meets substantial improvement with the prescription for Tizanidine as the injured worker has had continuing severe muscle spasms in the neck and right upper extremity. Given the lack of any clear clinical improvement with the use of Tizanidine, the request for Tizanidine 4mg #60 is not medically necessary.