

<b>Case Number:</b>	CM14-0068772		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	01/12/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 54-year-old female who has a reported date of injury 01/12/11. Injuries are due to repetitive overuse syndrome. The injured worker has had physical therapy, acupuncture, x-rays of her wrists, cortisone injections in wrists, carpal tunnel release on right side on 06/19/13. The injured worker has had electrodiagnostic studies which showed bilateral upper extremities prolong median, motor, and sensory distal latencies bilaterally. The injured worker's most recent clinical documentation submitted for review is dated 04/28/14. The injured worker is back in for follow-up of wrist pain. Symptoms persist following the carpal tunnel release on 06/19/13. Since the operation, paresthesias in the right hand has persisted. Acupuncture has been beneficial and it allowed increased activities of daily living. At this point, the injured worker does not wish to go forward with left carpal tunnel release. The injured worker's pain level is 8/10 on the visual analog scale. Physical examination includes slight bilateral volar swelling of the right upper limb. Well healed scar on the right palm/median region. Positive Tinel's bilaterally. Positive Phalen's sign bilaterally. There is no upper motor deficit present. Sensory deficit of the upper extremities bilaterally in a median distribution. Diagnoses include bilateral carpal tunnel syndrome and bilateral upper extremities overuse syndrome. Prior utilization review dated 05/02/14 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #60, Refills 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 62-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Muscle Relaxants (For Pain).

**Decision rationale:** The request for Tizanidine 4mg #60, with 3 refills is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. Clinical documentation shows no evidence of muscle spasm. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks). As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician. Nevertheless, the request is not medically necessary.