

Case Number:	CM14-0191212		
Date Assigned:	11/25/2014	Date of Injury:	02/02/2010
Decision Date:	01/12/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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 Interventional Spine 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 49-year-old male with a date of injury of 02/02/2010. The listed diagnoses are right carpal tunnel surgical release on 06/10/2010; left carpal tunnel release on 08/27/2010; congenital cervical stenosis with element of cervical radiculopathy; right lateral epicondylitis; and left lateral epicondylitis. According to progress report 10/23/2014, the patient presents with neck and left elbow pain. The patient is status post cervical spine surgery on 10/16/2014. The patient rates his pain with medication as 2/10, and without medication, pain increases to 8/10. The patient reports no side effects with medications. Current medication regimen includes Trazodone 50mg, Lyrica 150mg, Flexeril 10mg, Nexium 40mg, Colace 100mg, Percocet 5/325mg, Senokot 8.6/50mg, Cymbalta 60mg, and Zanaflex 4mg. Urine toxicology screen from 08/08/2014 is "consistent." Examination of the cervical spine revealed horizontal surgical incision to the left anterior aspect of the neck with no signs of infection. Range of motion is restricted and limited by pain. There is tenderness noted in the bilateral side at the rhomboids and trapezius. Examination of the lumbar spine revealed restricted range of motion with pain. On palpation, paravertebral muscle, spasm, and tenderness are noted on both sides. Lumbar facet loading is positive bilaterally. Examination of the right elbow revealed tenderness to palpation over the lateral epicondyle. Examination of the left elbow revealed no limitation with tenderness to palpation over the lateral epicondyle. Recommendation was made for refill of medications. This is a request for Tizanidine 4 mg #30. Utilization review denied the request on 11/05/2014. Treatment reports from 01/21/2014 through 10/23/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 66.

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

Decision rationale: This patient presents with neck, low back, and bilateral elbow pain. The current request is for Tizanidine 4 mg #30. The MTUS Chronic Pain Medical Treatment Guidelines page 66 supports the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and for fibromyalgia. Review of the medical file indicates the patient has been utilizing this medication since 09/18/2014. The provider provides before-and-after pain scale to denote a decrease in pain with current medication regimen, which includes Tizanidine. The provider states that continuation of Tizanidine is being recommended as "the patient reports decreased myofascial tension and spastic pain with use of medication which alleviates pain." Given the patient's continued pain and the provider's documentation of medication efficacy, the requested Tizanidine is medically necessary.