MAXIMUS Federal Services

Case Number:	CM14-0195261		
Date Assigned:	12/03/2014	Date of Injury:	09/26/2006
Decision Date:	01/15/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/21/2014

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 54 year old male with an injury date of 09/26/06. Based on the 08/20/14 report, the patient complains of severe neck pain which radiates down his arms, right more than left. This burning arm pain extends down to the first 3 digits on the right. The 09/23/14 report indicates that the patient continues to have neck and shoulder pain. "He reports poor sleep and anger as a result of poorly controlled pain." His pain is located in the head, bilateral arms, right leg, neck, and right hip. The 10/23/14 report states that the patient's neck pain is worsening. In regards to his cervical spine, the patient has tenderness over the bilateral trapezius. There is tenderness to palpation and spasms over the lumbar spine. The patient is currently taking Ambien, Amitriptyline, Esomeprazole, Gabapentin, Norco, Morphine, Tizanidine, and Viagra. The patient's diagnoses include the following: 1) chronic pain syndrome2) other testicular hypofunction3) other specified disorders of sweat glands4) dysphagia pharyngoesophageal phase The utilization review determination being challenged is dated 10/31/14. Treatment reports were provided from 12/03/13- 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex (Tizanidine) ,Medication for chronic pain Page(s): 66,60.

Decision rationale: According to the 10/23/14 report, the patient presents with cervical spine pain. The request is for Tizanidine 4 MG #90. The patient has been taking Tizanidine as early as 08/18/14. None of the reports provide any discussion on what Tizanidine has done for the patient's pain and function.California MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. California MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The 10/23/14 report states that the patient has tenderness to palpation and spasms over the lumbar spine. The 10/20/14 report states that the patient rates his pain as an 8/10 both with and without medications; the treater does not discuss efficacy of Tizanidine on any of the reports provided. There is no discussion as to how this medication has been helpful with pain and function. California MTUS page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. The requested Tizanidine is not medically necessary.