

Case Number:	CM14-0024905		
Date Assigned:	06/11/2014	Date of Injury:	04/06/2000
Decision Date:	04/14/2015	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on 4/6/2000. The diagnoses have included bilateral lateral and medial epicondylitis. Treatment to date has included medications. Currently, the IW complains of worsening bilateral throbbing elbow pain. Objective findings included tenderness to palpation of the lateral and medial epicondyle areas with no muscle spasm noted. On 2/18/2014, Utilization Review non-certified a request for Tizanidine 4mg #45 for bilateral elbow injury noting that the clinical findings do not support the medical necessity of the treatment. Non-MTUS sources were cited. On 3/05/2014, the injured worker submitted an application for IMR for review of Tizanidine 4mg #45 for bilateral elbow injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF TIZANIDINE 4MG, #45 FOR SPASMS (WITH 3 REFILLS) IN TREATMENT OF BILATERAL ELBOW INJURIES AS AN OUTPATIENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) Page(s): 63-66.

Decision rationale: The patient presents with pain affecting bilateral elbow. The current request is for Prescription of Tizanidine 4mg, #45 for Spasms (with 3 refills) in treatment of bilateral elbow injury. The treating physician states, "Joint stiffness, muscle stiffness, joint pain, weakness, restricted motion, muscle cramps. Tizanidine take 1 tablets (6mg) by mouth every night at bedtime. No muscle spasms are documented." (22, 24) MTUS page 66 supports Zanaflex for low back pain, myofascial pain and for fibromyalgia. In this case, the patient has been dealing with myofascial pain affecting the extensor musculature. The current request is medically necessary and the recommendation is for authorization.