

Case Number:	CM15-0104378		
Date Assigned:	06/08/2015	Date of Injury:	07/15/2010
Decision Date:	07/23/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49 year old male patient who sustained an industrial injury on 07/15/2010 resulting in injury to the neck, low back, right shoulder, legs and feet. The diagnoses include status post right shoulder surgery, lumbar spondylosis, lumbar discogenic pain, lumbar disc desiccation and bulging, cervical disc injury, right shoulder pain following right rotator cuff tear/subacromial decompression/Mumford, left knee pain, and status post left shoulder arthroscopic SLAP lesion repair/subacromial decompression/Mumford. Other industrial related diagnoses included gastritis, reflux esophagitis, duodenitis, lager hernia, dysphagia, irritable bowel syndrome, internal hemorrhoids, status post H pylori infection, and diverticulitis. Per the doctor's note dated 03/25/2015, he had complaints of right shoulder pain at 7/10; low back pain at 8/10 associated with burning and stabbing bilateral leg pain at 8/10 in severity with a pins and needles sensation; stabbing and burning neck pain, rated 7/10 with pins-and-needles sensation and rib pain rated 8/10. The physical exam revealed tenderness to palpation of the anterior and lateral deltoid and acromioclavicular joint, as well as the biceps tendon of the right shoulder, positive impingement signs in the right shoulder, positive Neer's, Hawkin's and O'Brian's maneuver of the right shoulder, and restricted range of motion (ROM) in the right shoulder. Per the doctor's note dated 4/15/15, he had complaints of abdominal pain and umbilical hernia. The medications list includes dexilant, gaviscon, miralax, colace, bentyl, cymbalta, omeprazole, hydrocodone and tizanidine (Zanaflex). He has had Diagnostic tests including x-rays of the right shoulder dated 02/18/2015 which revealed post-operative changes with a type I acromion and resection of the distal clavicle. Treatment provided to date has included: right shoulder surgery (12/11/2014), physical therapy, left shoulder surgery, medications, and conservative therapies/care. The plan of care included continued exercise program and follow-up. The injured worker's work status was not mentioned. The request for authorization and IMR (independent medical review) includes: tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg bid #90 - 45 day supply: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex)
Page(s): 66.

Decision rationale: According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia." The patient has chronic neck, back and right shoulder pain with history of shoulder surgeries. The patient has significant objective findings including limited range of motion and tenderness of the right shoulder. Tizanidine is a first line option and is recommended for chronic myofascial pain. The request of Tizanidine 4 mg bid #90 - 45 day supply is medically appropriate and necessary for this patient.