

<b>Case Number:</b>	CM15-0131660		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	07/16/2007
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 48 year old female, who sustained an industrial injury on 7/16/07. She reported pain in her neck and right shoulder. The injured worker was diagnosed as having chronic myofascial pain with cervicogenic headaches, status post right shoulder rotator cuff repair on 2/21/14, cervical radiculopathy, myofascial pain syndrome, and bilateral carpal tunnel syndrome. Treatment to date has included an EMG-NCV on 1/24/12 showing bilateral C6-C7 nerve root impingement, a cervical MRI on 3/15/12 showing no disc protrusions, psychotherapy sessions, right shoulder injections and Topamax. As of the PR2 dated 6/9/15, the injured worker reports an electric discharge radiating from her shoulder. She discontinued the Tramadol due to an uncontrollable twitching of her head and into the shoulder. Objective findings include increased pain and tenderness in the paracervical region, decreased left shoulder range of motion and a well-healed surgical scar. The treating physician requested to start Tizanidine 2mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The requested Tizanidine 2mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, pages 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has an electric discharge radiating from her shoulder. She discontinued the Tramadol due to an uncontrollable twitching of her head and into the shoulder. Objective findings include increased pain and tenderness in the paracervical region, decreased left shoulder range of motion and a well-healed surgical scar. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Tizanidine 2mg #60 is not medically necessary.