

Case Number:	CM15-0133584		
Date Assigned:	07/21/2015	Date of Injury:	07/23/2012
Decision Date:	08/18/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/10/2015

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: North Carolina
 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:

The injured worker is a 43 year old female who sustained an industrial injury on 7-23-12. Diagnoses are cervical strain-sprain, right elbow pain-strain-sprain, right shoulder strain-sprain, right rotator cuff tear, right shoulder tendinitis; tendinosis, bilateral carpal tunnel syndrome, and status post right shoulder arthroscopy 2-11-15. In a progress report dated 5-5-15, the treating physician notes pain of both shoulders, left more than right, complaints of pain in the wrists, hands and numbness in hands. Due to family issues, she has not started physical therapy but will do so beginning 5-6-15. Exam notes right shoulder soreness with reduced range of motion; flexion 140 degrees, extension 40 degrees, abduction 115 degrees, external rotation 70 degrees, and internal rotation is 65 degrees. The treatment plan is to start physical therapy, Hydrocodone, Gabapentin, and Tizanidine. Work status is to remain off work until 6-3-15. The requested treatment is Tizanidine HCL 4mg #90 tablets with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg #90 tablets with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.