

Case Number:	CM15-0134731		
Date Assigned:	07/23/2015	Date of Injury:	05/31/2013
Decision Date:	09/22/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/13/2015

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: New Jersey

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 57 year old female, who sustained an industrial injury on 5/13/2013. She reported repetitive use injury of her right upper extremity, neck, and back, and associated palpitations and anxiety. The injured worker was diagnosed as having cervical broad based disc osteophyte complex with central annular fissure, bilateral uncovertebral joint and facet joint hypertrophy, cervical bilateral facet hypertrophy, ulnar nerve neuropathy, radial ulnar joint effusion, tendinosis and high grade partial thickness undersurface tearing through the critical zone of the distal supraspinatus tendon, lateral downward sloping distal acromion with undersurface degenerative change at the acromioclavicular joint, lumbar minimal diffuse disc bulge with bilateral facet joint hypertrophy, lumbar anterolisthesis circumferential disc bulge with central annular fissure and mild bilateral foraminal narrowing. Treatment to date has included medications, physical therapy, bracing, modified work duties, electrodiagnostic studies, x-rays, TENS unit, magnetic resonance imaging of the cervical spine (7/22/2014), and magnetic resonance imaging of the lumbar spine (7/23/2014). The request is for Tizanidine. On 4/15/2015, she complained of low back pain rated 7-8/10, anxiety and depression. She reported the muscle spasms to be improved with the use of Tizanidine. Current medications are: Tizanidine and Melatonin. The treatment plan included: Tizanidine. On 6/8/2015, right sided headaches, neck pain, low back pain, and right shoulder pain. On 6/18/2015, she complained of headaches that radiate up from the back of the neck to the right side of her head; neck pain with a popping sensation and radiation to the top of her head and right shoulder, rated 5/10; right shoulder pain

with radiation into the right scapular area and rated 5/10; right elbow pain with tingling in the right 4th and 5th fingers, rated 5/10; right wrist and hand pain with weakness in the wrist; and low back pain with radiation into the right hip and buttocks. She reported increased difficulty with her personal hygiene, and occasional episodes of anxiety. Physical examination revealed tenderness and spasms in the neck and low back areas. The treatment plan included: follow up, and permanent and stationary evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2 mg #90: Upheld

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

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of having used this medication chronically leading up to this request for continuation of use on a chronic basis, which is not the recommended use of this type of medication. There was insufficient evidence found in the documentation of how effective this medication was with use quantitatively, which might have helped support this request more. Therefore, the Tizanidine will be considered medically unnecessary at this time. Weaning may be indicated.