

Case Number:	CM15-0137264		
Date Assigned:	07/27/2015	Date of Injury:	03/25/2014
Decision Date:	09/21/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/15/2015

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: Florida

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 27 year old male who sustained an industrial injury on 03-25-2014. Mechanism of injury was a fall and blunt trauma to the left elbow and presumed paroxysmal embolus from right to left shunt versus vertebra dissection during the fall and coincident Valsalva. Diagnoses include status post right brain stroke, presumably embolic with secondary left hemiparesis, cog wheeling, dystonic contracture particularly of the left arm and hand. Cortical pain syndrome-CRPS of the left face, arm and leg with secondary segmental dystonia, depression, history of urethral and nasal bleeding from Gabapentin and Lyrica, social isolation secondary to depression, language-cultural barriers without next of kin. Treatment to date has included diagnostic studies, medications, Botox injections, physical therapy, and occupational therapy. He is not working. His medications currently include Prozac, Advil, and Sinemet. Tizanidine is to use until Botox can be readministered. A physician progress note dated 07-07-2015 documents the injured worker has left hemiparesis and is depressed. On examination he has left sided weakness. Due to the stroke his thumb is held between his middle finger and index. He has a clumsy wide based gait. There is torticollis. He has cog wheeling. There is muscle spasm on the left. There is allodynia. Zanaflex is prescribed. He complains of depression due to his pain and inability to use the left arm and to run as he did before the stroke. With the Botox he could use his left arm more. His pain is now rated 3-4 out of 10. Treatment requested is for Tizanidine 4mg #90, refill x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg Qty 90 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity/Anti-spasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Tizanidine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Tizanidine is not medically necessary.