

Case Number:	CM15-0139262		
Date Assigned:	07/29/2015	Date of Injury:	04/18/2013
Decision Date:	09/02/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/17/2015

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 50 year old female patient sustained an industrial injury on 4/18/2013. She sustained the injury due to repetitive work. Diagnoses include thoracic outlet syndrome, tenosynovitis of wrist, and wrist pain. Physician notes dated 6/9/2015 she had thoracic outlet syndrome and neck spam. Per the note dated 3/9/2015, physical examination revealed diffuse tenderness over the cervical paraspinals and bilateral upper extremities. The medications list includes paxil, tizanidine, levothyroxine, hydroxyzine, multivitamin, iron, vitamin B12 and tizanidine. She has had left and right upper extremity joint (wrist) MRI dated 10/15/2013; EMG/NCS dated 6/19/2013. Treatment has included oral medications and physical therapy. Recommendations include traction machine for home use, Paxil, start Tizanidine, trigger point injections, and follow up in two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 8mg #30, 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

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

Decision rationale: Tizanidine 8mg #30, 2 refills - 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 pain and spasm with tenderness. Tizanidine is a first line option and is recommended for chronic myofascial pain. The request of Tizanidine 8mg #30, 2 refills is deemed medically necessary and appropriate and necessary for this patient.