

Case Number:	CM15-0140470		
Date Assigned:	07/30/2015	Date of Injury:	04/11/2010
Decision Date:	08/27/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 33 year old male who sustained an industrial injury on 4-11-2010. Mechanism of injury is not documented. He reports injury to the thoracic spine, right shoulder, bilateral wrists, and right hand and has been diagnosed with thoracic spine myofascial pain syndrome, right shoulder sprain strain, right shoulder impingement syndrome, right elbow lateral epicondylitis, bilateral wrist carpal tunnel syndrome, rule out complex regional pain syndrome, right hand and wrist, posttraumatic neuralgia, right hand, and status post crush injury right hand with residuals. Treatment has included physical therapy, medications, and injection. There was grade 2 to 3 tenderness to palpation over the paraspinal muscles and spasm. There was restricted range of motion. There was tenderness to palpation of the right shoulder. Impingement and supraspinatus tests were positive. There was grade 2 tenderness to palpation of bilateral wrists. There was grade 2 tenderness to palpation of the right hand. The treatment plan included to continue physical therapy, medications, and follow up. The treatment request included Tizanidine 4 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #90: Upheld

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

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

Decision rationale: The claimant sustained a work-related injury in April 2010 and is being treated for upper and mid back pain and right shoulder and bilateral hand and wrist pain. When seen, there was thoracic tenderness with spasms and trigger points. Range of motion was decreased. There was right shoulder, hand and bilateral wrist tenderness with positive shoulder impingement testing. Tizanidine was prescribed for 30 days and had been prescribed at the previous visit as well. A muscle relaxant is a second-line option for the treatment of acute exacerbations in patients with muscle spasms and short-term use only of 2-3 weeks is recommended. In this case, Zanaflex (tizanidine) was being prescribed for chronic muscle spasms with no identified new injury or exacerbation and the quantity prescribed is consistent with ongoing long term use. The medication appears ineffective in terms of treating the claimant's spasms or pain. Ongoing prescribing was not medically necessary.