

<b>Case Number:</b>	CM15-0144191		
<b>Date Assigned:</b>	08/05/2015	<b>Date of Injury:</b>	03/01/2009
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 50 year old female who sustained an industrial injury on March 1, 2009. She fell sustaining an injury to her right hand and wrist. She underwent physical therapy and multiple castings. She had another fall in December 2009 that exacerbated her symptoms. She was diagnosed with Kienbock's disease or avascular necrosis of one of the carpal bones and underwent surgery. She later developed complex regional pain syndrome with right upper extremity pain. According to a progress report dated June 24, 2015, the injured worker was stable on her medications. She reported more foot swelling and pain. Pain had worsened recently and she was unable to ambulate. She was living on the 3rd floor with no elevator and could not leave her apartment or go outside because of her pain. The provider noted that the injured worker was crying during the visit due to her pain. Pain was rated 10 on a scale of 1-10 and varied from 8-10 in severity on any given day. At her initial presentation, pain was rated 9. Pain was located in the right wrist. It radiated to the right forearm to the arm to the collarbone with occasional left hand pain. She also had pain from her toes to her groin bilaterally worse on the right side. Pain was described as constant and burning. Medications were helpful for the pain. Previous treatments included Lidocaine injections to the right hand and right stellate ganglion nerve blocks which were not helpful. Lyrica caused weight gain and swelling. Tramadol and Vicodin were not helpful. Pain progressed to the right arm and shoulder. Intravenous Ketamine infusion treatments were not helpful. Spinal cord stimulator placement provided only mild improvement. She also reported right leg limping and pain and spasms despite long-term use of Tizanidine. She was also starting to feel more symptoms in her left hand and upper extremity as well. Assessments included reflex sympathetic dystrophy of the upper limb and reflex sympathetic

dystrophy of the lower limb. The provider noted that the injured worker should have home assistance daily for 4 hours because of the severity of her pain and total disability. She could not feed herself or bath. The treatment plan included continuation of Dilaudid 4 mg every 6 hours as needed for pain #60, Dilaudid 8 mg every 6 hours as needed for breakthrough pain #120, Exalgo (a long acting form of Dilaudid) 16 mg every day for baseline control #30, Cymbalta 90 mg every day, Tizanidine 4 mg 2 tabs three times a day for spasm, Ibuprofen 800 mg three times a day as needed for pain, Colace and Senokot-S. She was to return for a follow up in 4 weeks. Currently under review is the request for Tizanidine HCL (hydrochloride) 4 mg, 2 tablets 3 times daily as needed (quantity unspecified).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tizanidine HCL (hydrochloride) 4 mg, 2 tablets 3 times daily as needed (qty unspecified):**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medications; Opioids; Tizanidine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

**Decision rationale:** This 50 year old female has complained of right hand pain, right arm pain and wrist pain since date of injury 3/1/2009. She has been treated with nerve blocks, spinal cord stimulator and medications to include Tizanidine since at least 10/2014. The current request is for Tizanidine. Per the MTUS guidelines cited above, muscle relaxant agents (Tizanidine) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Tizanidine is not indicated as medically necessary.