

Case Number:	CM15-0168614		
Date Assigned:	09/09/2015	Date of Injury:	11/12/2008
Decision Date:	10/08/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	08/27/2015

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 50 year old female, who sustained an industrial injury on November 12, 2008 and reported neck stiffness and right shoulder blade pain. The injured worker is diagnosed as having herniated disc at C5-C6 and right upper extremity radiculopathy. Her work status is modified duty. Currently, the injured worker complains of neck pain with increased muscle spasms, which improved with Tizanidine. She reports Norco is used for severe pain. Examinations dated April 20, 2015 to August 12, 2015 reveals normal reflex, sensory and power testing to bilateral upper and lower extremities. She is able to heel and toe walk. She does have minimal tenderness at the neck and the range of motion is decreased by approximately 10%. Treatment to date has included toxicology screen, multiple x-rays and MRI's dating back to 2009 and surgical intervention, cervical spinal decompression, in 2009 and 2012. Her current medication regimen consisting of Norco and Tizanidine, prescribed since 2014, decreases her pain level from 6 on 10 to 3-4 on 10. A refill for the requested medication Tizanidine 4 mg #90 was non-certified, per utilization letter dated August 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

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

Decision rationale: The claimant sustained a work injury in November 2008 and underwent cervical spine surgery in June 2009 and again in March 2012 and right shoulder surgery in April 2014. She continues to be treated for non-radiating neck pain. When seen, she was having neck spasms. Physical examination findings included decreased cervical spine range of motion with minimal tenderness. There was decreased right shoulder range of motion. Tizanidine has been prescribed since at least June 2014. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.