

Case Number:	CM15-0168743		
Date Assigned:	09/09/2015	Date of Injury:	11/16/2010
Decision Date:	10/08/2015	UR Denial Date:	08/10/2015
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: North Carolina
 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 injured worker is a 59-year-old female who reported an industrial injury on 11-16-2010. Her diagnoses, and or impression, were noted to include: disorders of bursae and tendons in the right shoulder region, post right rotator cuff repair on 4-1-2013; cervical spondylosis without myelopathy; spasms of muscle; brachial neuritis or radiculitis; and chronic pain. No current imaging studies were noted. Her treatments were noted to include: right rotator cuff repair (4-2013); "TPI"; injection therapy; a referral consultation; and medication management with toxicology studies. The progress notes of 6-19-2015 noted a follow-up visit for medication refill of Tizanidine; and reporting that she was stable on her current medication regimen and experiencing significant relief of muscle spasms with use of Tizanidine, which also helped her sleep at night. Objective findings were noted to include: no acute distress; a reported pruritic, crust-like lesion on the right shoulder since the right shoulder cuff repair in 6-2011; myospasms bilateral trapezius, levator scapulae; positive twitch response and referred pain over the right trapezius, levator scapulae and cervical para-spinals; painful cervical range-of-motion; bilateral myospasm in the cervicothoracic para-spinous, left scapular, right trapezius and bilateral rhomboids; pain with right shoulder abduction; healed port and deltoid scars from shoulder surgery; pain in the posterior right shoulder joint; and right shoulder pain with impingement on forward flexion and abduction. The physician's requests for treatments were noted to include new shoulder magnetic resonance imaging studies recommended by the orthopedic surgeon, and Tizanidine 4 mg as needed, quantity 90. The Utilization Review of 8-10-2015 non-certified the

request for Tizanidine 4 mg, quantity 90, and magnetic resonance imaging studies of the cervical spine.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: Criteria for ordering imaging studies are: Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction, Failure to progress in a strengthening program intended to avoid surgery, Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the neck as outlined above per the ACOEM. There was no emergence of red flag. The neck pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for a MRI of the cervical spine and the request is not medically necessary.

