

Case Number:	CM15-0205063		
Date Assigned:	10/22/2015	Date of Injury:	03/01/2009
Decision Date:	12/09/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/19/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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 March 1, 2009, incurring right wrist injuries. She was diagnosed with a right wrist fracture. Treatment included anti-inflammatory drugs, pain medications, muscle relaxants, home health aide care, and activity restrictions. Her right wrist fracture did not heal correctly and developed into right arm, right shoulder and chronic neck pain. She was diagnosed with CRPS (chronic regional pain syndrome) and reflex sympathetic dystrophy of the right upper extremity. The injured worker became wheelchair bound requiring numerous durable medical equipment. Currently, the injured worker complained of persisted chronic pain and muscle spasms with limited movement of the right upper extremity. Her pain was worsened with movement, walking and touch, tingling, and weakness. She rated the pain in her right wrist 8-9 out of 10. Medications were helpful for her pain and allowed her with functional performance and mobility. The treatment plan that was requested for authorization included a prescription for Tizanidine 4 mg #180. On October 14, 2015, a request for a prescription for Tizanidine was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #180: Upheld

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

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

Decision rationale: With regard to muscle relaxants, the MTUS CPMTG 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." Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) 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." UDS that evaluate for tizanidine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for tizanidine. The documentation submitted for review indicates that the injured worker has been using this medication 2/2015. As the guidelines recommended muscle relaxants for short-term use only, medical necessity cannot be affirmed.