

Case Number:	CM15-0208107		
Date Assigned:	10/27/2015	Date of Injury:	10/10/2008
Decision Date:	12/11/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

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: Florida

Certification(s)/Specialty: Neurology, 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:

This is a 62 year old female with a date of injury on 10-10-08. A review of the medical records indicates that the injured worker is undergoing treatment for head, neck and right shoulder pain. Progress report dated 9-25-15 reports continued complaints of right shoulder pain for the past 2 weeks and feels bruised. She reports pain at night. The pain rotates down the arm with headaches, and neck aches that worsen with prolong sitting or inactivity. Physical exam: neck shows healed scar, is non-tender to palpation, no spasm noted, right neck rotation 60, left neck rotation 75, right shoulder non-tender to palpation, flexion 120, extension 30, abduction 110, adduction 30, internal rotation 90, external rotation 90, there is crepitus with range of motion. X-ray cervical spine 4-27-09 revealed probable mild facet arthropathy in the mid cervical spine. MRI right shoulder revealed possible chronic partial tears, no definite thickness tears seen. Treatments include: medications, physical therapy, electrical stimulation and cold compression. Request for authorization was made for Tizanidine 4 mg quantity 30. Utilization review dated 10-5-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30: 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: The medical records provided for review report that the injured worker has reports of pain but has no muscle spasms reported on exam. There is no reported benefit from Tizanidine. MTUS guidelines support Tizanidine for back pain and for treatment of spasms. As the records do not indicate presence of spasms, Tizanidine is not medically necessary.