

Case Number:	CM15-0217015		
Date Assigned:	11/06/2015	Date of Injury:	12/27/2012
Decision Date:	12/21/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/04/2015

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:

This 53-year-old female sustained an industrial injury on 12-27-12. Documentation indicated that the injured worker was receiving treatment for cervical disc herniation without myelopathy, cervical spine radiculopathy, rotator cuff tendinosis and lateral epicondylitis. The injured worker underwent right rotator cuff repair in July 2015. The injured worker received postoperative physical therapy and medications. In a PR-2 dated 9-1-15, the injured worker complained of ongoing pain in the right trapezius and back and on the right forearm. Physical exam was remarkable for tenderness to palpation to the right cervical spine paraspinal musculature, trapezius, shoulder and scapula region with range of motion 50% of normal, positive Tinel's at the right greater occipital nerve, positive Neer's, Cozen's and Hawkin's tests on the right, tenderness to palpation at the right, triangular fibrocartilage complex, 5 out of 5 bilateral upper extremity strength and decreased sensation throughout the right hand. The treatment plan included continuing physical therapy, continuing Tylenol with Codeine and Naproxen Sodium and adding Tizanidine. In a PR-2 dated 10-13-15, the injured worker complained of ongoing neck and cervical myofascial pain as well as right lateral epicondylar pain. The injured worker reported that her right shoulder was still stiff but had "a little bit better" range of motion. The injured worker stated that Naproxen Sodium and Tizanidine were "somewhat helpful" for her symptoms. The injured worker was no longer taking Tylenol with codeine. Physical exam was unchanged. The injured worker received trigger point injections during the office visit. The treatment plan included continuing Tizanidine, requesting a right elbow brace and chiropractic

therapy. On 10-30-15, Utilization Review noncertified a request for Tizanidine 4mg twice a day and trigger point injections for the shoulder and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg BID: 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 claimant sustained a work injury in December 2012 and underwent a right rotator cuff subacromial decompression and rotator cuff repair in July 2015. She is being treated for shoulder and neck pain. When seen, she had completed 7 post-operative physical therapy treatments. She had improved range of motion. She had shoulder stiffness and had ongoing neck and cervical myofascial pain and ongoing right lateral epicondyle pain. She was taking Naprosyn as needed and tizanidine was somewhat helpful. Physical examination findings included moderate tenderness with decreased range of motion. There was a positive right Tinel sign at the greater occipital nerve. Right shoulder impingement testing was positive. There was right triangular fibrocartilage complex tenderness and Cozen's test was positive. There was decreased right hand sensation. There were bumps and hard nodules throughout the right forearm to wrist with 4 localized spots that were tender. Tizanidine was continued. A counterforce brace and chiropractic treatments were requested. Trigger point injections were performed to the levator scapula, right deltoid, right rhomboid, and right L4 lumbar paraspinal muscle. 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 low 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.

Trigger point injection (10/13/2015) for the shoulder and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: The claimant sustained a work injury in December 2012 and underwent a right rotator cuff subacromial decompression and rotator cuff repair in July 2015. She is being treated for shoulder and neck pain. When seen, she had completed 7 post-operative physical therapy treatments. She had improved range of motion. She had shoulder stiffness and had ongoing neck and cervical myofascial pain and ongoing right lateral epicondyle pain. She was

taking Naprosyn as needed and tizanidine was somewhat helpful. Physical examination findings included moderate tenderness with decreased range of motion. There was a positive right Tinel sign at the greater occipital nerve. Right shoulder impingement testing was positive. There was right triangular fibrocartilage complex tenderness and Cozen's test was positive. There was decreased right hand sensation. There were bumps and hard nodules throughout the right forearm to wrist with 4 localized spots that were tender. Tizanidine was continued. A counterforce brace and chiropractic treatments were requested. Trigger point injections were performed to the levator scapula, right deltoid, right rhomboid, and right L4 lumbar paraspinal muscle. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain, that symptoms have persisted for more than three months despite conservative treatments, and that radiculopathy is not present by examination, imaging, or electrodiagnostic testing. In this case, the presence of a twitch response with referred pain is not documented in any of the muscles injected. A lumbar paraspinal muscle injection was performed and there is no recorded examination of or complaint involving the lumbar spine. Trigger point injections were not medically necessary.