

Case Number:	CM15-0220420		
Date Assigned:	11/13/2015	Date of Injury:	04/19/2004
Decision Date:	12/22/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/09/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 53 year old male who sustained an industrial injury on 4-19-04. A review of the medical records indicates he is undergoing treatment for carpal tunnel syndrome of the right upper limb. He is also status post left lower leg fracture on 10-2-15 and underwent surgical repair. Medical records (4-9-15, 6-4-15, 7-9-15, 7-30-15, 8-27-15, 9-24-15, and 10-15-15) indicate ongoing complaints of neck pain, rating "5 out of 10" with medications and "9 out of 10" without medications. He also has complained of left wrist pain. He reports that his medications are "less effective" (10-15-15). He also reports that the quality of his sleep is "poor". The physical exam (10-15-15) reveals an antalgic gait. His gait is "slow" and is noted to be using a cane. His left leg is casted. Cervical spine range of motion is noted to be restricted. Tenderness and spasm is noted in the paravertebral muscles of the cervical spine, as well as the trapezius muscle. Spurling's maneuver causes pain in the muscles of the neck and radiates to the upper extremity. Phalen's sign is positive in the right wrist. Tinel's sign is positive in the left wrist. Motor testing is noted to be "limited by pain". The sensory exam reveals decreased sensation over the medial hand bilaterally. Diagnostic studies have included MRIs of the left wrist, cervical spine, lumbar spine, and left shoulder, an EMG-NCV study of bilateral upper extremities, and urine drug screening 7-9-15 "consistent". Treatment has included psychotherapy, a spinal cord stimulator, left cervical medial branch blocks at C3, C4, and C5, left cervical facet nerve blocks at C3, C4, and C5, a cervical epidural steroid injection at C7-T1, and medications. His medications include Ibuprofen, Neurontin, Senokot-S, Nexium, Opana ER, Norco, Tizanidine (since at least 4-9-15), Baclofen, Actos, Glucophage, Glyburide, and

Lisinopril. The treating provider indicates that Tizanidine is discontinued due to non-authorization. The provider indicates that when he was taking Tizanidine, his pain "goes down to 4 out of 10. While off it, the pain is up to 9 out of 10". The provider indicates that his pain "is so bad he doesn't even want to leave the house. Just taking out the garbage is extremely painful". The provider also indicates that the medication helps him to sleep, as he has "shooting pain in his back" and the medication "helps him to relax and sleep so that he is able to perform simple activities of daily living and household tasks". The utilization review (10-28-15) includes a request for authorization of Tizanidine 2mg #60. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine Hydrochloride 2mg quantity 60: 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: According to CA MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants page 66, 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. It may also provide benefit as an adjunct treatment for fibromyalgia. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. In this case the patient does not have a diagnosis of spasticity, myofascial pain or fibromyalgia based on the review of medical records from 10/15/15. Thus the prescription is not medically necessary and the recommendation is for non-certification.