

Case Number:	CM15-0222557		
Date Assigned:	11/18/2015	Date of Injury:	09/21/2007
Decision Date:	12/30/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/12/2015

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: New Jersey

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:

The injured worker is a 49 year old male, who sustained an industrial-work injury on 9-21-07. The injured worker was diagnosed as having calcific tendinitis of right shoulder, adhesive capsulitis right shoulder, bursitis right shoulder, and other spondylosis with radiculopathy, lumbar region. Treatment to date has included medication: (Seroquel, Gabapentin, Oxycodone, Fentanyl patches, Ducosate sodium, Zanaflex, Omeprazole, Metformin, Baby Aspirin, glipizide, and Simvastatin), surgery (arthroscopic surgeries, left wrist arthroscopy, lumbar spine surgeries), psychological testing, and diagnostics. MRI results were reported on 3-1-00 that indicated tear of lateral meniscus, bipartite patella is also identified. Currently, the injured worker complains of neck, back, and left arm pain described as stabbing, burning, throbbing, radiating pain across the right shoulder down the forearms, wrists, fingers, and across the low back down into the left thigh and down the right foot to the toes. Pain was rated 8 out of 10. Sleep was affected as well. There was depression and anxiety. Per the primary physician's progress report (PR-2) on 10-27-15, exam noted well healed surgical scar along the lower lumbar region with decreased cervical and lumbar lordosis, well healed surgical scar over the dorsal aspect of the left wrist, positive crepitus with passive range of motion of the shoulder, calves soft, negative Homan's. Sensory exam in the upper extremities demonstrates paresthesias in digits 3,4, and 5 on the left hand with light touch and digits 1 and 2 of the right hand with light touch, positive Hawkin's test, apprehension test, Speed test, Tinel's, Finkelstein test, positive S1 joint compression bilaterally, gait is hyper-pronated during the mid-stance of the gait cycle. Current plan of care includes refill of medication. The Request for Authorization requested service to include Retrospective request

for Tizanidine HCL 4 mg #60 DOS 10/27/15. The Utilization Review on 11-10-15 denied the request for Retrospective request for Tizanidine HCL 4 mg #60 DOS 10/27/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Tizanidine HCL 4 mg #60 DOS 10/27/15: 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 MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there is record of tizanidine use for months leading up to this request for renewal. There was no found evidence of recent flare-up of muscle spasm to warrant continuation, even for short-term use, of tizanidine. Also, there was no found report on this medication being effective at improving overall function measurably. Therefore, this request for tizanidine is not medically necessary.