

Case Number:	CM15-0039285		
Date Assigned:	03/09/2015	Date of Injury:	03/07/2012
Decision Date:	04/10/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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 59-year-old male, who sustained an industrial injury on 3/7/2012. He has reported getting struck by a pallet cart resulting in low back, cervical and left shoulder pain. The diagnoses have included lumbar spondylolisthesis, lumbar facet joint effusion, left shoulder adhesive capsulitis, impingement, and partial rotator cuff tear, and cervical degenerative disc disease, and possible post concussion syndrome. Treatment to date has included medication therapy, joint injections, epidural facet injections, and radiofrequency ablation. Currently, the IW complains of persistent neck and left shoulder pain rated 7/10 VAS. The physical examination from 2/4/15 documented restricted Range of Motion (ROM) with cervical and lumbar spine. Tenderness noted at paracervical muscles and trapezius muscles, as well as lumbar muscles with spasms and tightness. Lumbar facet loading positive on the right. The left shoulder revealed atrophy and restrictive movement. Positive Hawkin's and Neer tests were documented. The plan of care included continuation of medication therapy as previously prescribed and a neurology consultation was requested. A follow up appointment with a spinal surgeon was scheduled on this date for possible future surgical options.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg , #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, page(s) 100, 97 Page(s): Antispasticity/Antispasmodic Drugs, page(s) 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Tizanidine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Regarding this patient's case, there is no indication that the prescription of this medication is intended for short term use. In fact, records show that previously the patient was being chronically prescribed Flexeril (another muscle relaxant) and that this was not certified for continuation by utilization review. Likewise, this request for Tizanidine is not medically necessary.