

Case Number:	CM15-0043911		
Date Assigned:	03/13/2015	Date of Injury:	06/02/2009
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old male, who sustained an industrial injury on 6/2/09. He reported right shoulder injury. The injured worker was diagnosed as having post-surgical arthritis right shoulder, reactive depression and therapeutic opioid use. Treatment to date has included oral medications including opioids, intramuscular injections, topical gel and TENS unit. (MRI) magnetic resonance imaging of upper extremity joint was performed on 1/9/15. Currently, the injured worker complains of shoulder pain and migraines. Physical exam noted triggers present in cervicospinal and parathoracic, which twitch and radiate. Progress note dated 1/13/15 noted Celebrex helps his pain, Tizanidine helps with sleep and Maxalt helps migraine pain relief. The current treatment plan consist of Celebrex, Tizanidine, Maxalt, continuing use of TENS unit, Topamax and arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 8mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63-66.

Decision rationale: The patient presents with shoulder pain and migraines. The request is for Tizanidine 8MG #60. The RFA provided is dated 01/14/15. Patient's diagnosis included post-surgical arthritis right shoulder, reactive depression and therapeutic opioid use. Patient is very temporarily disabled MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. 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." MTUS p60 also states, "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. MTUS Guidelines pages 63 through 66 states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state, "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." The patient is using Tizanidine to help with sleep. Tizanidine is FDA approved for management of spasticity and unlabeled use for low back pain. The patient; however, presents with shoulder pain and migraines and not the indication for the use of this medication. Furthermore, the prescription for Tizanidine is first noted in progress report dated 07/22/14 and the patient has been taking it consistently at least since then. MTUS page 60 requires the medication efficacy in terms of pain reduction and functional gains, which must be discussed when used for chronic pain. The treater, however, does not document improvement in function or reduction in pain due to Tizanidine use. Therefore, the request IS NOT medically necessary.