

Case Number:	CM15-0050503		
Date Assigned:	03/24/2015	Date of Injury:	10/20/1995
Decision Date:	05/12/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/17/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 66-year-old male, who sustained an industrial injury on 10/20/95. He reported right shoulder and neck pain. The injured worker was diagnosed as having shoulder joint pain, cervical disc degeneration, and cervical radiculopathy. Treatment to date has included physical therapy, C7-T1 interlaminar epidural steroid injection on 10/24/14, TENS, and a home exercise program. Currently, the injured worker complains of right shoulder pain and neck pain. Muscle spasms, tingling, and weakness were also noted. The treating physician requested authorization for Tizanidine HCL 2mg #60 with 3 refills and Flector patch #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 2 mg Qty 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

Decision rationale: This 66 year old male has complained of right shoulder pain and neck pain since date of injury 10/20/95. He has been treated with epidural steroid injection, TENS unit, physical therapy and medications. The current request is for Tizanidine, # 60, 3 RF. Per the MTUS guidelines cited above, muscle relaxant agents (Tizanidine) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Tizanidine is not indicated as medically necessary.

Flector patch Qty 60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 66 year old male has complained of right shoulder pain and neck pain since date of injury 10/20/95. He has been treated with epidural steroid injection, TENS unit, physical therapy and medications. The current request is for Flector patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Flector patch is not indicated as medically necessary.