

Case Number:	CM15-0054270		
Date Assigned:	03/27/2015	Date of Injury:	06/21/2002
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/23/2015

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: Arizona, California
 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 69 year old male, who sustained an industrial injury on June 21, 2002. He reported neck and bilateral shoulder injury after being shoved by a hostile co-worker. The injured worker was diagnosed as having ankylosing spondylitis, cervical degenerative disc disease, shoulder disorders of bursae and tendons, rotator cuff sprain, neck pain, chronic pain syndrome. Treatment to date has included urine drug screening, medications, magnetic resonance imaging, x-ray, and injections. The records reflect utilization of Tizanidine since at least October 23, 2014. The records indicate trigger point injections and botox to have provided over 70% pain relief in the neck, and injection in the left shoulder to have given significant relief. On January 21, 2015, he is seen for neck and shoulder pain. The treatment plan included: refills of medications: Norco, and Tizanidine. The request is for Tizanidine HCL 4mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4mg QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: Tizanidine is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Tizanidine for several months in combination with Norco. Long term use is not indicated. The claimant more benefit from injections and narcotics as noted on a progress note on 1/21/15. Continued use of Tizanidine is not medically necessary.