

Case Number:	CM15-0089114		
Date Assigned:	05/13/2015	Date of Injury:	07/10/2001
Decision Date:	06/15/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old male, who sustained an industrial injury on 07/10/2001. He has reported subsequent neck, back, bilateral shoulder and left wrist pain and was diagnosed with thoracic and lumbar sprain/strain, left wrist carpal tunnel release, status post op cervical spine and left shoulder and tendinitis of the right shoulder. Treatment to date has included oral pain medication and surgery. In a progress note dated 03/30/2015, the injured worker complained of bilateral shoulder and mid back pain. Objective findings were notable for tenderness and pain of the cervical spine, cervical spasms and swelling, limited range of motion of the cervical spine and tenderness, pain and limited range of motion of the left wrist. A request for authorization of Tizanidine was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain).

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

Decision rationale: The injured worker sustained a work related injury on 07/10/2001. The medical records provided indicate the diagnosis of thoracic and lumbar sprain/strain, left wrist carpal tunnel release, status post op cervical spine and left shoulder and tendinitis of the right shoulder. Treatment to date has included oral pain medication and surgery. The medical records provided for review do not indicate a medical necessity for Tizanidine 2mg, #60. Tizanidine (Zanaflex) is a muscle relaxant. The MTUS recommends 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. The records indicate the use of this medication predates 10/2014. Due to the risk of liver toxicity, the MTUS recommends that individuals on Tizanidine be monitored for liver function at baseline, 1, 3, and 6 months, but there is no evidence the injured worker is being monitored. The request is not medically necessary.