MAXIMUS Federal Services

Case Number:	CM14-0160766		
Date Assigned:	10/06/2014	Date of Injury:	01/05/2010
Decision Date:	10/31/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 with a date of injury on 1/5/2010. The injured worker sustained injuries to the neck, back, shoulder, ankle, and knee. The notes from 3/14 indicate the worker had neck and back pain, which was helped by medications and that he was to have some sort of psychological evaluation prior to having shoulder surgery. There are notes from 5/14 indicating that the injured worker was having severe pain as his medications had not been approved. The physician added Zanaflex to the worker's treatment plan at the 5/14 visit. The injured worker relates in 7/14 that he is improved with the use of the medications. There is an 8/26/14 note submitted for review. The worker had been approved for surgeries to the shoulder, knee, and back. The worker stated that he was using Tizanidine but found better improvement with Flexeril. The physician stated that the Tizanidine was the better drug for chronic myofascial pain and increased the dose of the drug to three times a day dosing. Exam makes no reference to muscle pathology or spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg, ninety count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2010, as well as the Physician's Desk Reference, 68th Edition

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

Decision rationale: The guidelines indicate that muscle relaxants are indicated for short term use at the acute phase of an injury, which is not the case at this time. The injured worker has no identified muscle pathology documented on exam. There is no indication that the drug in question is beneficial for him, in fact, he states that he prefers the other drug, Flexeril, better. There is nothing to indicate improvement in function or decrease in pain levels, via the use of this drug. Given the available clinical information and guidelines, the request for this medication is not medically necessary.