

Case Number:	CM14-0138659		
Date Assigned:	09/05/2014	Date of Injury:	01/06/1993
Decision Date:	06/04/2015	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/27/2014

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. 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, Hawaii

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 67-year-old male who sustained an industrial injury on 01/06/1993. Diagnoses include cervicalgia, lumbago, spasm of muscle, other disorder of muscle, ligament and fascia, dysuria, unspecified hypothyroidism, idiopathic peripheral neuropathy, pain in joint involving the ankle and foot, brachial neuritis or radiculitis, osteoarthritis, localized, primary-ankle and foot, chronic depression, chronic pain syndrome, anxiety, post-traumatic stress disorder, and insomnia. Treatment to date has included diagnostic studies, medications, physical therapy, massage, acupuncture, chiropractic sessions, psychotherapy, and he goes to the gym. A physician progress note dated 07/25/2014 documents the injured worker rates his neck pain as 6 out of 10 on the Visual Analog Scale. Right foot pain is constant and is rated as 4.5 on the Visual Analog scale. He has constant pain radiating into bilateral arms. On a daily basis, with medications, gym, acupuncture, massages and chiropractic his pain was a 2/3 on the Visual Analog Scale, and now his pain is a 6/8 out of 10 on a daily basis. Cervical range of motion is decreased. Right foot is painful to palpation and passive range of motion. He has pain on the anterior aspect of the foot. The treatment plan is for counseling sessions, medication refills, chiropractic care, and gym membership. Treatment requested is for Tizanidine 4mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient presents with aching neck pain with intermittent spasms, sharp pains or painful numbness radiating down bilateral arms to hands. The 2014 request is for Tizanidine 4mg #30. The treating physician states on 8/25/14 (174C) that the patient suffers from chronic neck pain with myofascial pain and spasms with trigger points in bilateral trapezius and levator scapulae deep cervical fascia. He also suffers from radiculopathy in bilateral upper extremities. MTUS guidelines indicate that Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions. The patient had been utilizing Tizanidine since 12/31/13. The clinical history provided notes that the patient has controlled pain with the medications. In this case, the treating physician has documented the patient's continued pain and documented the medication efficacy, therefore the current request is medically necessary and the recommendation is for authorization.