

Case Number:	CM15-0112418		
Date Assigned:	06/18/2015	Date of Injury:	05/20/2011
Decision Date:	07/21/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/10/2015

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: California

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 60 year old female who sustained a work related injury May 20, 2011. An MRI of the right shoulder, dated December 15, 2014 (report present in medical record), revealed mucoid degeneration of the labrum discussed, mild supraspinatus tendinosis, partial articular side tear at the greater tuberosity insertion is suggested. No full-thickness tear of the rotator cuff, mild degeneration changes of the right acromioclavicular joint. According to a primary treating physician's progress report, dated May 7, 2015, the injured worker presented for a follow-up evaluation for injuries of the right shoulder, lower arm, and cervical spine. She complains of pain, rated 7/10, right shoulder. Examination of the right shoulder revealed range of motion forward flexion 90 degrees, extension 40 degrees, abduction 100 degrees, adduction 30 degrees, internal and external rotation 70 degrees. There is a positive Neer's and Hawkins sign and a negative drop arm sign. There is moderate tenderness to palpation over the subacromial region. Diagnoses included cervical spine intervertebral disc disorder with myelopathy; adjustment disorder with mixed anxiety and depressed mood, chronic in nature. Treatment plan requested physical therapy for the right shoulder and medication. At issue, is the request for authorization for Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg quantity 90.00: Upheld

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) Section Weaning of Medications Section Page(s): 63, 66, 124.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Robaxin. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker is using Tizanidine in a chronic nature. There is no objective evidence of muscle spasm on examination and there is no documentation of increase in function or significant decrease in pain from the use of the medication. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Tizanidine 4mg quantity 90.00 is not medically necessary.