

Case Number:	CM15-0112484		
Date Assigned:	06/18/2015	Date of Injury:	12/18/2012
Decision Date:	07/20/2015	UR Denial Date:	05/11/2015
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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old female who sustained an industrial injury on December 18, 2012. She has reported injury to the left shoulder and right wrist and has been diagnosed with carpal tunnel syndrome, labral tear, and rotator cuff syndrome, bursitis. Treatment has included medications, modified work duty, and physical therapy. She rates her pain a 4/10 at worst, at best 7/10, on average a 6/10. There was tenderness to palpation in the lumbar quadratus. Trigger points were palpated in the upper trapezius, lower trapezius, splenius capitis and quadratus lumborum bilaterally. There was decreased cervical lordosis. There was good range of motion of the shoulders and cervical spine. The treatment plan included Tizanidine and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tizanidine Hydrochloride 4 mg #60 (DOS 3/17/15, 4/16/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary last updated 04/06/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): 63-66.

Decision rationale: The claimant sustained a work-related injury in December 2012 and continues to be treated for left shoulder and wrist pain. When seen there was decreased and painful left shoulder range of motion. There was lumbar tenderness with trigger points. There was decreased shoulder and grip strength. Tinel's sign was positive at the wrists. Tizanidine was being prescribed on a long-term basis and with scheduled rather than as needed dosing. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis. There is no documentation of muscle spasms. The claimant does not have spasticity due to an upper motor neuron condition. It was not medically necessary.

Tizanidine Hydrochloride 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC) Pain Procedure Summary last updated 04/06/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): 63-66.

Decision rationale: The claimant sustained a work-related injury in December 2012 and continues to be treated for left shoulder and wrist pain. When seen there was decreased and painful left shoulder range of motion. There was lumbar tenderness with trigger points. There was decreased shoulder and grip strength. Tinel's sign was positive at the wrists. Tizanidine was being prescribed on a long-term basis and with scheduled rather than as needed dosing. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis. There is no documentation of muscle spasms. The claimant does not have spasticity due to an upper motor neuron condition. It was not medically necessary.