

Case Number:	CM15-0124454		
Date Assigned:	07/09/2015	Date of Injury:	11/19/2001
Decision Date:	09/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York
 Certification(s)/Specialty: Internal 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 55-year-old male who sustained an industrial injury on 11/19/2001. Current diagnoses include median neuropathy, bilaterally, carpal tunnel syndrome, bilaterally, and opioid dependence. Previous treatments included medications, injections, physical therapy, and surgical interventions. Medical records submitted for review included a request for authorization dated 05/22/2015, but there was no PR-2 included with this request. Report dated 04/07/2015 noted that the injured worker presented with complaints that included bilateral wrist pain with swelling and tenderness in both wrists. It was noted that the injured worker also has complaints of leg and back pain. Pain level was 8 out of 10 on a visual analog scale (VAS). Physical examination was positive for an antalgic gait, mild pain and swelling over the medial aspect of the right wrist, and diffuses pain with light touch over the hands bilaterally. The treatment plan included decreasing hydromorphone, increase Lyrica, prescribed Cymbalta, tizanidine, Celebrex, and Lunesta, changed diazepam to amitriptyline, reviewed opioid contract and urine drug screen, follow up monthly, perform median nerve blocks when approved, and consider spinal cord stimulator. Submitted medical records indicate that the injured worker was prescribed tizanidine since at least 11/05/2014. Disputed treatments include tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Tablets of tizanidine 4mg: 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 Page(s): 63-66.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain." Tizanidine (Zanaflex) is FDA approved for management of spasticity. The medical records submitted for review showed that Tizanidine has been prescribed long term and there is lack of documentation of muscle spasms on physical examination. Furthermore, the submitted documentation indicates that the injured workers complaints are chronic, with no evidence of acute exacerbation. The medical necessity for ongoing use of Tizanidine has not been established. The request for 180 Tablets of tizanidine 4mg is not medically necessary per guidelines.