MAXIMUS Federal Services

Case Number:	CM15-0170961		
Date Assigned:	09/11/2015	Date of Injury:	01/17/2011
Decision Date:	10/15/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/31/2015

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, 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 63 year old female, who sustained an industrial injury on January 17, 2011, incurring cervical spine injuries. She was diagnosed with a rotator cuff tear, cervical disc disease and cervical radiculopathy. Treatment included anti-inflammatory drugs, proton pump inhibitor, antidepressants, pain medications, neuropathic medications, muscle relaxants, and multiple surgical interventions. She underwent an anterior cervical discectomy and fusion, bilateral shoulder surgery and bilateral carpal tunnel surgery. Currently, the injured worker complained of ongoing neck pain radiating into both arms. She rated her pain level 5-6 out of 10 and described the pain as constant, dull, achy and sharp. She noted limited range of motion with decreased sensation to the lower extremities. She reported that her pain worsened with activities and improved with rest and medications. She continued to have restrictions of her activities of daily living secondary to the chronic pain. The treatment plan that was requested for authorization on August 31, 2015, included a prescription for Tizanidine. On July 30, 2015, utilization review denied the request for the prescription Tizanidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2 MG 90 Tabs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The medical records indicate the patient has ongoing neck pain which travels into upper extremities bilaterally. The current request for consideration is Tizanidine 2mg 90 tabs. Tizanidine is a short-acting muscle relaxer. The attending physician report dated 9/15/15 offers no discussion as to why Tizanidine is requested. The CA MTUS does recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia. In this case the medical records offer no discussion as to why the patient would require Tizanidine at this time. There is no discussion of an acute exacerbation of her chronic condition, and the physical examination does not indicate any muscle spasms. As such, medical necessity has not been established for this request.