

<b>Case Number:</b>	CM15-0073119		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	09/05/2007
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 42 year old female, who sustained an industrial injury on 9/5/07. She reported neck and shoulder injury. The injured worker was diagnosed as having left shoulder pain, insomnia, medication related dyspepsia, complex regional pain syndrome of left upper extremity and chronic pain. Treatment to date has included stellate ganglion block, oral medications including opioids, left shoulder surgery, physical therapy and home exercise program. Currently on 2/18/15, the injured worker complains of neck pain with radiation down bilateral upper extremities, upper extremity in bilateral shoulders accompanied by numbness and insomnia. She rates the pain 6/10 with medications and 9/10 without medications. Physical exam noted tenderness on palpation at left anterior shoulder with decreased range of motion. The treatment plan included physical therapy of cervical spine, myofascial release therapy, follow up appointment and continuation of Lyrica, Norco, Doxepin, Duloxetine, Tizanidine, AcipHex and Lunesta. The patient sustained the injury when a light diffuser fell on her. The medication list include Lyrica, Norco, Doxepin, Duloxetine, Tizanidine, AcipHex and Lunesta. The patient had received left shoulder cortisone injection. The patient has had MRI of the left shoulder that revealed bursitis and MRI of the cervical spine that revealed disc protrusion and MR arthrogram that revealed tendinosis. Per the doctor's note dated 3/18/15 patient had complaints of neck pain with radiation down bilateral upper extremities, upper extremity in bilateral shoulders accompanied by numbness and insomnia, anxiety and depression. Physical examination of the left shoulder revealed tenderness on palpation and limited range of motion. Patient has received an unspecified number of PT visits for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex) Page(s): 66.

**Decision rationale:** Request: Tizanidine HCL 4mg #30 According to MTUS guidelines "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. (Chou, 2007) One study 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." The injured worker was diagnosed as having left shoulder pain, insomnia, medication related dyspepsia, complex regional pain syndrome of left upper extremity and chronic pain. The patient's surgical history include stellate ganglion block, left shoulder surgery. Currently on 2/18/15, the injured worker complains of neck pain with radiation down bilateral upper extremities, upper extremity in bilateral shoulders accompanied by numbness and insomnia. She rates the pain 6/10 with medications and 9/10 without medications. Physical exam noted tenderness on palpation at left anterior shoulder with decreased range of motion. The patient had received left shoulder cortisone injection. The patient has had MRI of the left shoulder that revealed bursitis and MRI of the cervical spine that revealed disc protrusion and MR arthrogram that revealed tendinosis. Per the doctor's note dated 3/18/15 patient had complaints of neck pain with radiation down bilateral upper extremities, upper extremity in bilateral shoulders accompanied by numbness and insomnia, anxiety and depression. Physical examination of the left shoulder revealed tenderness on palpation and limited range of motion There is evidence of significant abnormal objective findings. The patient's condition is prone to exacerbations. The quantity of tizanidine/ zanaflex tablets requested (30) is small. The prescription of small quantity of a non sedating muscle relaxant like tizanidine for prn use during exacerbations is medically appropriate and necessary. The request for Tizanidine HCL 4mg #30 is medically appropriate and necessary in this patient at this time. The request for Tizanidine HCL 4mg #30 is medically appropriate and necessary in this patient at this time.