

Case Number:	CM15-0076249		
Date Assigned:	04/27/2015	Date of Injury:	04/12/2006
Decision Date:	06/17/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/21/2015

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 42 year old male patient who sustained an industrial injury on 04/12/2006. A primary treating office visit dated 04/07/2015 reported subjective complaint of right shoulder persistent pain. The following diagnoses are applied: right shoulder rotator cuff tear, chronic; right acromioclavicular joint arthritis, and right shoulder impingement syndrome. The plan of care involved: obtaining a magnetic resonance imaging study of right shoulder, recommending physical therapy sessions, and continue with current medications. The patient was prescribed: Nabumetone, and trazadone. He is to return to full work duty on 04/07/2015, and follow up on 04/30/2015. Diagnostic testing to include: nerve conduction study Treatment modalities to include: physical therapy, oral analgesia, A primary treating office visit dated 04/08/2014 reported the patient with subjective complaint of being "free of pain, and of anxiety". He is diagnosed with left chest wall contusion, resolved; lumbar strain/sprain, resolved; and anxiety, resolved. The plan of care involved continuing with home exercise program, return to full duty work 04/08/2014 and follow up as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: MTUS Guidelines do not recommend the long-term use (beyond a few weeks) of muscle relaxants for chronic musculoskeletal pain. There is a potential exception for chronic low back pain with severe spasms, but this circumstance that not appear to be applicable as the prescribing physician has only evaluated the shoulder. Under these circumstances, Tizanidine 4mg is not supported by Guidelines and is not medically necessary.