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**Notice of Independent Medical Review Determination**

Dated: 8/6/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/1/2013
Date of Injury:	6/18/2012
IMR Application Received:	7/2/2013
MAXIMUS Case Number:	CM13-0000928

- 1) MAXIMUS Federal Services, Inc. has determined the request for 60 units of Tizanidine (4 mg) **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/2/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/3/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for 60 units of Tizanidine (4 mg) **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013.

“The patient is a 53 year-old female, employed as a correctional officer. The date of hire is not noted. The date of injury was June 18, 2012. The mechanism of injury occurred when she tripped and fell, as well as due to cumulative trauma. The accepted injury is to the right wrist and hand, lower back area, right lower arm, head, both shoulders, and neck. The current diagnoses are: Right shoulder pain; Axial back pain; History of bilateral knee contusions; Pain In thoracic spine T1-4; Right 5th metacarpal fracture; Neck pain. Treatment has included: Diagnostics; medications.

“In the most recent report on file, dated June 13, 2013, Dr. [REDACTED] notes: Subjective: Patient has pain in the right hand, right shoulder, neck, upper back, low back and bilateral knees. Pain level is 6/10. Objective: Cervical spine: Paraspinal musculature: mild. Right shoulder is tender. Right shoulder has decreased range of motion and positive impingement. Thoracic spine: There is tenderness over the mid line and paraspinal regions.”

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination by [REDACTED] (dated 7/1/13)
- Medical Records by [REDACTED] (dated 7/5/12 to 8/30/12)
- Medical Records by [REDACTED] (dated 6/9/12 to 9/17/12)
- Medical Records by [REDACTED] (dated 7/17/12 to 8/2/12)

- Medical Records by [REDACTED] (dated 1/21/13 to 2/11/13)
- Diagnostic Reports by [REDACTED] (dated 10/9/12 and 2/1/13)
- Medical Records by [REDACTED] D.C. (dated 9/4/12 and 10/3/12)
- Medical Records by [REDACTED] (dated 10/3/12 to 3/19/13)
- American College of Occupational and Environmental Medicine (ACOEM), 2<sup>nd</sup> Edition, (2004) – Chapter 8, Table 8-8
- Chronic Pain Medical Treatment Guidelines (2009), pages 63-66

**1) Regarding the request for 60 units of Tizanidine (4 mg):**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition, (2004) – Chapter 8, Table 8-8, which is part of the California Medical Treatment Utilization Schedule (MTUS). The Claims Administrator also cited the Chronic Pain Medical Treatment Guidelines (2009), pages 63-66, which are part of the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the sections of the MTUS used by the Claims Administrator relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee was injured on 6/18/12 and has experienced pain in the right wrist and hand, low back, head, bilateral shoulders, and neck. Treatment to date has included diagnostics, medication, and physical therapy. A request was submitted for 60 units of Tizanidine (4 mg).

For neck and upper back complaints, ACOEM recommends nonsteroidal anti-inflammatory drugs and acetaminophen for initial treatment, and muscle relaxants and a short course of opioids as secondary treatment options. The Chronic Pain Medical Treatment Guidelines indicate Tizanidine is a muscle relaxant approved for management of spasticity and low back pain. The Chronic Pain Medical Treatment Guidelines do not recommend long-term use of muscle relaxants.

The employee has been treated with naproxyn for initial treatment, then flexeril and vicodin as secondary treatment options. The employee was put on Tizanidine for pain on 9/20/2012 and continued on this medication. A progress report dated 6/13/2013 indicates the employee’s pain remained and was rated 6 out of 10. Muscle relaxants are not recommended for long-term use. The request for 60 units of Tizanidine (4 mg) is not medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.