

---

**Notice of Independent Medical Review Determination**

Dated: 10/9/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/8/2013  
Date of Injury: 1/8/2010  
IMR Application Received: 7/17/2013  
MAXIMUS Case Number: CM13-0001866

- 1) MAXIMUS Federal Services, Inc. has determined the requested prescription for Tizanidine 4mg #90 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/17/2013 disputing the Utilization Review Denial dated 7/8/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/19/2013. 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 requested prescription for Tizanidine 4mg #90 **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 Preventative Medicine and Occupational 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 8, 2013:

"4/20/10 Dr. [REDACTED] orthopedic QME, notes claimant works as a staff secretary for [REDACTED] employed 10 years. She developed symptoms from repetitive typing and writing activities, and she was referred to Dr. [REDACTED] for right wrist, elbow, and arm pain, treatment with splinting, NSAID's, and temporarily totally disability. Also referred to Dr. [REDACTED], who had prior performed cubital tunnel release in 2008. Diagnosis was early carpal tunnel syndrome, but injection provided no benefit. Electrodiagnostic study of the upper extremities was normal. She has pain in right upper extremity from axilla to 4th and 5th digits. Pain is 8/10. Activities worsen. Physical examination findings include positive overhead stress test, Wright's maneuver, and traction on right upper extremity producing dysesthesias in right dorsal forearm and lower trunk of brachial plexus. Impression: repetitive stress injury right upper extremity, repetitive stress right brachial plexus, repetitive stress cervical brachial syndrome. Not P&S, additional medical treatment recommended."

### **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 (received 7/17/2013)
- Utilization Review Determination from [REDACTED] (dated 7/8/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

**1) Regarding the request for prescription for Tizanidine 4mg #90:**

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

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), pg. 62-65, which is part of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, pg. 66, which is part of MTUS, as relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on January 8, 2010 to the right wrist, elbow, and arm. The medical records indicate the diagnosis of early carpal tunnel syndrome. Treatments have included scalene block, psychology consultation, chiropractic manipulation, physical therapy, and medication management. The request is for Tizanidine 4mg #90.

The MTUS Chronic Pain Guidelines indicate Tizanidine in the management of spasticity, specifically in the treatment of low back pain with evidence of objective functional improvement. The records reviewed indicate the employee has been taking Tizanidine chronically, but has failed to demonstrate any functional improvement. The request for Tizanidine 4mg #90 **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

/hs

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.