

<b>Case Number:</b>	CM13-0040334		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	03/28/2002
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 42-year-old female with a 3/28/02 date of injury, and status post knee surgeries 1987, and 1997, status post revision of right open carpal tunnel release 5/9/11, and left open carpal tunnel release 8/29/11. At the time (10/9/13) of request for authorization for 30 tablets of tizanidine 4 mg, there is documentation of subjective (neck, bilateral arm, bilateral hand, and bilateral leg pain) and objective (neck tenderness and limited range of motion, lumbar spine tenderness and limited range of motion, positive straight leg raise, decreased strength and sensation C5, C6, C7 and C8) findings, current diagnoses (reflex sympathetic dystrophy, unspecified myalgia and myositis, chronic pain syndrome), and treatment to date (activity modification and medications (including ongoing use of tizanidine since at least 6/13)). There is no documentation of an acute exacerbation of chronic low back pain, that tizanidine is being used as a second line option, an intention for short-term treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tizanidine use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Tizanidine 4mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of reflex sympathetic dystrophy, unspecified myalgia and myositis, chronic pain syndrome. However, there is no documentation of an acute exacerbation of chronic low back pain and that tizanidine is being used as a second line option. In addition, given medical records reflecting prescription for tizanidine since at least 6/13, there is no documentation of an intention for short-term treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of tizanidine use to date. Therefore, based on guidelines and a review of the evidence, the request for 30 tablets of tizanidine 4 mg is not medically necessary.