

<b>Case Number:</b>	CM13-0045100		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/12/2003
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 56 year-old male with a 2/12/03 industrial injury claim. The patient has been diagnosed with chronic low back pain, s/p L4-S1 interbody fusion on 2/17/06; 9th rib fracture, resolved, hypertension, industrially related, headaches, bilateral CTS and severe depression. According to the 11/21/13 anesthesiology/pain management report from [REDACTED], the patient presents with low back pain that radiates down both legs and continued headaches. On a nonindustrial basis, he underwent an appendectomy on 11/7/13. [REDACTED] notes the patient uses Kadian 20mg q12 h for pain control with Percocet 10/325 up to bid for severe breakthrough pain; Lyrica 150mg for neuropathic pain and Dendracin lotion and Lidoderm patches. He uses Tizanidine as needed for acute muscle spasms, Omeprazole for GI symptoms and history of GERD. The pain is 10/10 without medications, 5/10 with medications. The medications allowed him to do household chores and light exercise regimen. On 10/18/13 UR recommended modifying a request for a Tizanidine for weaning.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE 4MG TAB, QUANTITY: 60, DAYS SUPPLY: 30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Antispasticity/Antispasmodic Drugs Page(s): 66.

**Decision rationale:** The patient presents with chronic back pain. The physician has reported efficacy with medications including tizanidine 4mg, bid, as-needed for acute spasm, #60. The California MTUS states Tizanidine is for spasticity and has unlabeled use for low back pain. The California MTUS states liver function should be monitored at baseline, 1, 3, and 6-months. There is no mention of a timeframe, short- or long-term limit. The physician states the patient is using this as-needed for acute spasm. The request appears to be in accordance with MTUS guidelines.