

<b>Case Number:</b>	CM13-0045971		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/28/2002
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 & Rehabilitation 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:

This 50 year-old patient sustained an injury on October 28, 2002 while employed by the [REDACTED]. Request under consideration include Tizanidine HCL 2mg, #90. A Report dated September 26, 2013 from the provider noted patient with low back pain that radiates to bilateral lower extremities rated at 3/10 with and 9/10 without medications. Exam showed antalgic gait; reduction in lumbar range secondary to pain; vertebral tenderness at L4-S1. Diagnoses included lumbar radiculopathy; facet arthropathy; spinal stenosis at L3-5; s/p cervical fusion; myalgia/myositis; chronic pain; insomnia. The patient was given two injections (Toradol and B12) at the visit; prescribed multiple medications including Gabapentin, Zolpidem, Naprosyn, Tizanidine, Norco, Omeprazole, Cymbalta, and MS Contin. All medications were certified and Tizanidine was partially-certified on October 9, 2013 from #90 to #20 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE HCL 2MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants - (Tizanidine)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

**Decision rationale:** The California MTUS Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2002. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. Therefore, the request is not medically necessary and appropriate.