

<b>Case Number:</b>	CM13-0062141		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/01/2011
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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 claimant is a 40-year-old injured worker presenting with low back pain and left lower extremity pain following a work-related injury on April 1, 2011. The claimant reports that the pain radiates to the foot and left toes. The pain is associated with some numbness and weakness. The claimant also reports urinary incontinence. The claimant had a series of 3 epidural steroid injections. He reported benefit following the epidural steroid injections for at least 9 months. The claimant's medications include Lidoderm patch, Norco, Prilosec, and Naproxen. The physical exam was significant for tenderness over the left L5-S1 facet joint as well as over the left sacroiliac joint, positive findings of facet loading on the left, decreased range of motion in the lumbar spine, positive straight leg raise test on the left, decreased sensation to light touch and pinprick L5-S1 left dermatomal distribution, 4+ out of 5 quadriceps, triceps, EHL, plantar dorsiflexion on the left. MRI of the lumbar spine was significant for desiccated and protruded disc at L5-S1. The claimant was diagnosed with lumbar degenerative disc disease, and left lumbar radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg tablet, #45:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Tizanidine (Zanaflex®<sup>®</sup>, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. This drug may also provide benefit as an adjunct treatment for fibromyalgia. The recommended dosing is 4mg with a max dose of 36 mg per day. The medical records indicate that the Zanaflex was prescribed for lumbar radiculopathy and lumbar degenerative disc disease. MTUS recommends short term use for myofascial pain or fibromyalgia and the current request exceed guidelines recommendation. The request for Tizanidine 4mg tablet, # 45 is not medically necessary and appropriate.