

<b>Case Number:</b>	CM13-0062341		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/25/2011
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	11/27/2013
<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 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, 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:

This patient is a 63-year-old female with a date of injury of 07/25/2011. According to report dated 11/21/2013 by [REDACTED], the patient presents with chronic low back pain. The patient states she is doing great at least a little better than before. The patient reports that the Percocet regimen has been helping her, and she is using about 4 per day. The patient is independent with ADLs and driving. She requires no assistive devices. Examination revealed gait is independent and erect. There is tenderness to palpation to the lumbar paraspinal. The treating physician is requesting an increase in tizanidine to 4 mg #90. The patient's medical regimen includes Percocet and tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE 4MG, #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 66. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTISPASTICITY/ANTISPASMODIC DRUGS, 66

**Decision rationale:** MTUS Guidelines allow for the use of Zanaflex for low back pain, myofascial pain, and fibromyalgia. This patient was prescribed this medication on 11/07/2013. Two weeks later the treating physician decided to increase the dosage from 2mg to 4mg, as the patient felt it was not working as enough. In this case, given the patient's continued low back pain, a trial of this medication at the increased dosage is reasonable. Recommendation is for approval.