

<b>Case Number:</b>	CM13-0069554		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/18/2012
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 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 injured worker is a 41-year-old male who reported a motor vehicle accident on 09/18/2012. On 11/25/2013, he was seen for an initial orthopedic consultation. He complained of persistent pain and discomfort in his left shoulder. He underwent 12 sessions of physical therapy on unknown dates. He was provided with elastic bands to perform home therapy and stretching exercises. An MRI performed on 04/25/2013 revealed a normal cervical spine with no degenerative disc disease, disc protrusion, or spinal canal stenosis. The injured worker reported that his pain radiates from his left shoulder to his neck, shoulder blade, and upper and middle back. He felt tightness, muscle spasms, and a burning sensation in his upper back, which was causing him sleep difficulties. His pain was aggravated when he moved his head from side to side. He used an unknown analgesic ointment, "pain medications" and tizanidine 2 mg, on an as-needed basis, which gave him "some relief". He related that the pain in his neck and left shoulder caused him difficulty reaching backward while taking a shower or getting dressed, driving and holding the steering wheel with his left hand, doing house repairs and chores which required the use of his left arm and shoulder and prolonged lying on his left side. Reaching backwards and sideways, forceful gripping and grasping, pushing, pulling, heavy carrying, and lifting, also aggravated his pain. His diagnoses included chronic cervical ligamentous and muscular strain with mild discopathy, chronic left shoulder/left scapula strain, and left thoracic ligamentous and muscular strain. There was no request for authorization or rationale included with the documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE 2MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009, muscle relaxants Page(s): 63-64.

**Decision rationale:** The California MTUS recommends that non-sedating muscle relaxants be used with caution as a second line option for short-term treatments of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Tizanidine is a centrally acting alpha 2-androgenic agonist that is FDA approved for management of spasticity. This injured worker has been taking tizanidine for more than 8 months. He is a truck driver. These medications should be used cautiously when driving motor vehicles. There was no documentation included in the submitted records which addressed any functional improvements or quantifiable verification of the efficacy attributable to tizanidine. Additionally, the request did not include any frequency of administration. Therefore, the request for Tizanidine 2 mg #30 is not medically necessary.