

<b>Case Number:</b>	CM14-0001158		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/28/2000
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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 Illinois. 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 58-year-old female who reported an injury on 09/28/2000 due to an unknown mechanism. The clinical note dated 11/20/2013 indicated the injured worker was status post right knee replacement. The injured worker reported chronic neck pain. On physical exam, there was tenderness to palpation to the left side of the cervical paraspinal musculature. An assessment of active voluntary range of motion of the cervical spine revealed the injured worker was very guarded in neck motion. The injured worker reported moderate pain at the extremes of motion. Motor and sensory exams were normal. The injured worker's biceps, triceps and brachioradialis reflexes were 0-1 plus and no pathologic reflexes were evident. The injured worker's medication regimen included Tizanidine. The request for authorization was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE 4MG QUANTITY #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Web-based edition, revised chronic pain section, Official Disability Guidelines (ODG), [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS FOR PAIN Page(s): 63.

**Decision rationale:** The injured worker reported chronic neck pain. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. They show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall Improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The documentation lacks evidence of this medication providing desired effects for the injured worker. In addition there is lack of evidence of the injured worker trying NSAIDs as a first-line option. Also, according to the CA MTUS guidelines, Tizanidine is recommended for short-term treatment. The injured worker has been prescribed this medication since at least 11/20/2013 and this would exceed the guidelines recommendations of 4-6 weeks. The records lack evidence of muscle spasms which is what Tizanidine is primarily prescribed for. Therefore, per the California MTUS, the request for Tizanidine 4mg, Quantity #30, is non-certified.