

<b>Case Number:</b>	CM14-0001835		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/22/2001
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Texas. 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 54-year-old female who reported an injury on 05/22/2001. The mechanism of injury was not provided for review. The injured worker ultimately underwent cervical discectomy and fusion. The injured worker's postsurgical chronic pain was managed with multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 09/30/2013. It was documented that the injured worker had pain complaints rated at a 3/10 with medications. Physical findings included limited lumbar range of motion secondary to pain with tenderness to palpation of the paravertebral musculature and spinous process from the L4-S1. Evaluation of the cervical spine revealed limited range of motion secondary to pain with tenderness to palpation of the paravertebral musculature and spinous process from the C4-7 level. The injured worker's diagnosis included lumbar radiculopathy, status post lumbar fusion, cervical radiculopathy, cervical facet arthropathy, and chronic pain. The injured worker's treatment plan included continuation of medications. The injured worker's medications included Vicodin, Soma, and tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE HCL 4MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. California Medical Treatment Utilization Schedule recommends that muscle relaxants be limited to short duration of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration of time. Therefore, continued use of this medication would not be supported. As such, the requested tizanidine hydrochloride 4 mg #60 is not medically necessary or appropriate.