

<b>Case Number:</b>	CM14-0004102		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	03/16/2000
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Occupational Medicine 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 applicant is a [REDACTED] employee who has filed a claim for chronic mid back, low back, and bilateral knee pain reportedly associated with an industrial injury of March 16, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; multiple left and right knee surgery; multiple lumbar spine fusion surgeries; and transfer of care to and from various providers in various specialties. In a utilization review report dated December 20, 2013, the claims administrator approved an orthopedic reevaluation while denying a request for tizanidine. The applicant's attorney subsequently appealed. A November 20, 2013 progress note was notable for comments that the applicant reported persistent mid back, low back, and knee pain. The applicant stated that Norco and tizanidine were apparently beneficial for pain and muscles spasm. The applicant was reportedly miserable, however, it was stated without further surgical treatment and/or medications. The applicant provider stated that the applicant is walking because of the pain relief afforded with medications. It is stated that the applicant has residual postoperative pain and needs to employ Norco and tizanidine for the same. Permanent work restrictions were renewed. A July 31, 2013 progress note was notable for comments that the applicant reported persistent pain complaints. Synvisc injections, extracorporeal shockwave therapy, Norco, and tizanidine were endorsed. It was stated that these medications were helping alleviate the applicant's moderate-to-severe pain. It was stated that the applicant had been able to lose weight owing to heightened exercise tolerance with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE 4 MG #60 WITH TWO REFILLS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine is FDA approved in the management of spasticity but can be employed off label in the treatment of low back pain, as is the case here. In this case, the attending provider has posited that the applicant has profited through ongoing tizanidine usage. The applicant's pain levels have reportedly diminished. The applicant's ability to ambulate and exercise is reportedly heightened as result of ongoing tizanidine usage. Continuing the same, on balance, appears to be indicated given the applicant's reportedly favorable response to the same. Therefore, the request is medically necessary, on independent medical review.