

<b>Case Number:</b>	CM14-0004596		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of April 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; earlier anterior cervical discectomy and fusion surgery in June 2013; and muscle relaxants. In a utilization review report of December 27, 2013, the claims administrator partially certified a request for Zanaflex, reportedly for weaning purposes. An earlier note of April 29, 2013 was notable for comments that the applicant has not returned to work owing to the fact that she has been terminated by her former employer. A later note of June 17, 2013 was notable for comments that the applicant was off of work, on total temporary disability. The applicant was using Terocin, Norco, Zofran, Fexmid, tramadol, and a cervical collar as of that point in time. A later note of November 11, 2013 was again notable for comments that the applicant had not returned to work. The applicant was placed off of work, on total temporary disability, while Norco, Fexmid (cyclobenzaprine), Methoderm, and Naprosyn were renewed. A December 16, 2013 progress note was notable for comments that the applicant was slowly increasing activities, had not returned to work, reported 2/10 pain, and reportedly needed medical refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZANAFLEX (TIZANIDINE) 4MG 120/ 45 DAYS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Section Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Section, Functional Restoration Approach for Chronic Pain Management Section Page(s):7.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, tizanidine or Zanaflex is indicated in the treatment of spasticity and can be employed for unlabeled use in the treatment of low back pain. In this case, however, the applicant's pain appears to be confined to the neck. There is no mention of low back pain for which off label usage of tizanidine might be indicated. It is further noted that the Chronic Pain Medical Treatment Guidelines states that choice of pharmacotherapy should be based on the type of pain to be treated and should take into consideration applicant-specific variable such as comorbidities, other medications, and/or allergies. The attending provider should adjust prescribing and dosing to the individual applicant, the Chronic Pain Medical Treatment Guidelines goes on to note. In this case, however, the attending provider has not furnished any rationale for the usage of tizanidine or Zanaflex. The majority of the progress notes on file suggest that the applicant is using another muscle relaxant, cyclobenzaprine (Fexmid). It is unclear why tizanidine needs to be employed in conjunction with cyclobenzaprine. No compelling usage for tizanidine has been made, particularly when the applicant is using a variety of other analgesic agents, including Naprosyn, Methoderm, Fexmid, and Norco. The request for Zanaflex (Tizanidine) 4mg, 120 count for 45 days, is not medically necessary or appropriate.