

<b>Case Number:</b>	CM14-0007239		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	08/04/1989
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 55-year-old male who has submitted a claim for Post lumbar laminotomy pain syndrome status post lumbar laminectomy, status post L2-S1 posterior instrumented fusion, and status post spinal cord stimulation implantation associated with an industrial injury date of August 4, 1989. Medical records from July 2013 through January 2014 were reviewed, which showed that the patient complained of continuous back pain, which would radiate to both legs with accompanying numbness and tingling sensation in both feet. The pain makes him unable to tolerate prolonged sitting or standing. This is also accompanied by sexual dysfunction, difficulty sleeping and driving. On physical examination, there was limited cervical and lumbar range of motion accompanied by pain. Diffuse posterior cervical spine tenderness was also noted. Straight leg raise testing was positive bilaterally at 40-degree elevation. The treatment to date has included medications, epidural steroid injections, lumbar laminectomy, L2-S1 posterior fusion, and spinal cord stimulation implantation, with almost immediate explanation, physical therapy, and peripheral percutaneous neurostimulation. The utilization review from December 23, 2013 denied the request for Tizanidine for pain and sleep, because the guidelines recommend the use of muscle relaxants for short-term use only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, the patient has been taking Tizanidine since at least July 2013, and the patient was not suffering from muscle spasms or acute exacerbation at the time of request. Long-term use is not recommended. Therefore, the request for Tizanidine is not medically necessary.