

<b>Case Number:</b>	CM14-0007554		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	10/06/2012
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 32-year-old male with an injury reported on 10/06/2012. The mechanism of injury was noted as a fall. The clinical note dated 12/20/2013, reported that the injured worker complained of neck pain with tightness and stiffness radiating to his upper back. The physical examination revealed moderate guarding with rigid posture, positive straight leg raise and slump/tripod tests. The injured worker's diagnoses included L1 compression fracture with degenerative L5-S1 disc, post-traumatic stress disorder; major depression; lumbar myofascial pain syndrome. The provider requested tizanidine, rationale not provided. The request for authorization was submitted on 01/14/2014. The injured worker's prior treatments included physical therapy, psychological evaluation, psychotherapy, x-ray to bilateral hands, cervical, thoracic and lumbar spine MRI without contrast, MRI to bilateral knees, cervical and lumbar spine x-ray.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), Page(s): 66.

**Decision rationale:** The request for tizanidine is non-certified. The injured worker complained of neck pain with tightness and stiffness radiating to his upper back. The CA MTUS guidelines recognize Tizanidine as a centrally acting alpha2-adrenergic agonist muscle relaxer that is FDA approved for management of spasticity, unlabeled use for low back pain. The injured worker's prescribed medication regimen was not provided within a recent clinical note. There is a lack of information provided documenting the efficacy of the medication as evidenced by significant objective functional improvements. Furthermore, the requesting provider did not specify the quantity, dose, or frequency being requested. Therefore, the request is not medically necessary.