

<b>Case Number:</b>	CM14-0010388		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	11/10/2008
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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:

This is a 54-year-old patient with an November 10, 2008 date of injury. The mechanism of injury was not provided. A February 6, 2014 progress report indicated that the patient complained of residual numbness across the lower back and tolerable discomfort radiated down to the left leg to the knee. Physical exam revealed discomfort with flexion to the knee. In March of 2013, he underwent interbody fusion at L2-3 and L3-4. He was diagnosed with status post lumbar fusion, with extension at L2-S1, chronic low back pain. Treatment to date: medication management. There is documentation of a previous January 9, 2014 adverse determination, because there was no documentation to support muscle spasm on the physical exam or functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL tablet 4mg, thirty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS; ANTISPASTICITY/ANTISPASMODIC DRUGS (TIZANIDINE) Page(s): 63; 66.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, the Chronic Pain Medical Treatment Guidelines also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP (low back pain) cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. here was no evidence that the patient had an exacerbation of his chronic lower back pain. It was documented that the patient was taking Tizanidine chronically since October 4, 2013 with no documented benefit, decrease in pain, of functional gain. In addition, guidelines do not support long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Therefore, the request for Tizanidine HCL tablet 4 mg, thirty count, is not medically necessary or appropriate.