

<b>Case Number:</b>	CM14-0015837		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	02/19/2010
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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 Internal Medicine and is licensed to practice in Arizona. 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 claimant is a 51-year-old female with chronic neck and lower back pain with headaches. Her date of injury was February 2010. Her last MRI in September 2012 showed multilevel bulges, no central stenosis, mild right foraminal C5-C6 narrowing. On 8/26/2012 an electromyography (EMG/NCS) showed within normal limits (WNL). In May 2010 lumbar spine MRI showed an L4-5 osteophyte, moderate to marked neural foraminal narrowing. She had either spasms or convexity to the right. There is documented, a statement that she had a cervical laminectomy; but, there were no surgical reports to confirm this. This patient takes Etodolac, Lyrica 50 mg 2-3 times/day and Percocet as needed. She uses a Lidoderm patch and takes Tizanidine 4mg twice/day for muscles spasms. There are several references regarding the patient unsuccessfully reducing her Tizanidine; she had a flare in her pain so resumed it to twice/day dosing. Labs obtained July 2012 were within normal limits. There are no subsequent renal and liver labs since that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE HCL 4MG TABLET SIF: TAKE 1 TWICE DAILY AS NEEDED QTY: 60:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS(FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments, Antispasmodics Muscle Relaxers Page(s): 66. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Tizanidine: Drug Information.

**Decision rationale:** Tizanidine is a central alpha1-adrenergic agonist that is FDA approved for the management of spasticity and has an unlabeled use for low back pain. Eight studies have demonstrated efficacy for the back pain. One study conducted, only on females, demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first option to treat myofascial pain. It also may provide benefit as an adjunct treatment for fibromyalgia. UpToDate, mentions using Tizanidine as an off label prophylaxis against chronic daily headaches. The MTUS does not directly state to limit usage for acute flares, nor is there an indication that its benefits wear off over time as can be found with some of the other muscle relaxants. However, this drug can be associated with hepatotoxicity; thus, liver function tests (LFT's) should be monitored regularly (the MTUS suggests at baseline, 1, 3 and 6 months). Additionally, if there is renal insufficiency, the drug may not clear adequately; thus, kidney function tests should likewise be assessed. The dosing is 4 mg initially, and could gradually be titrated to 2 to 4 mg every 6 to 8 hours until therapeutic effect with tolerable side effects. The maximum is 36 mg per day. This antispasmodic has been found beneficial to this patient's back pain and her spasms. When she tried to reduce the dosage, her pain flared. She resumed taking 4 mg twice day, which is still considered low dosing. She however, is seemingly long overdue on getting her labs checked (Last documented July 25, 2012- within normal limits). Therefore, the request is not medically necessary.