

<b>Case Number:</b>	CM14-0016126		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	01/15/2010
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/08/2014

### 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 patient is a 53-year-old female who has submitted a claim for lumbar disc disease, lumbar sprain and cervical disc disease associated with an industrial injury date of January 15, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of moderate to severe pain in the back, upper neck and legs. The patient was observed to be ambulating using a single point cane, walking slowly, and in a wide stance. Physical examination of the cervical spine revealed tenderness on palpation of the right and left occipital and trapezius muscles. Examination of the thoracolumbar spine showed facet joint tenderness left greater than right on L3-L5 and moderate tenderness on the paraspinous process muscles. Treatment to date has included tizanidine, lunesta, Ativan, morphine, latuda, Norco, Xanax and Soma. A utilization review from January 31, 2014 denied the request for Tizanidine HCL 4mg because the clinical information reviewed does not establish the medical necessity of the request. In addition, Tizanidine is not established for long-term medical use per evidence-based guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE HCL 4 MG QUANTITY: 1.00:** Upheld

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

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

**Decision rationale:** As stated on pages 63-66 of the MTUS Chronic Pain Guidelines, 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 MTUS Chronic Pain Guidelines also states that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in lower back pain cases, they show no benefit beyond NSAIDs 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. In this case, the patient has been prescribed with Tizanidine since January 16, 2014; however, records reviewed showed that the patient was on Flexeril (Cyclobenzaprine) with no noted functional improvement. In addition, physical examination did not document muscle spasm, which is an FDA approved indication for the use Tizanidine. Likewise, the request failed to specify quantity to be dispensed. Therefore, the request is not medically necessary.