

<b>Case Number:</b>	CM14-0017677		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	06/27/2010
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Medicine and is licensed to practice in Florida. 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 54-year-old female who reported an injury on 06/27/2010 due to a work related injury. The injured worker reportedly sustained an injury to her low back and cervical spine. The injured worker's treatment history included surgical intervention, physical therapy, and multiple medications. The injured worker was evaluated on 12/31/2013. It was documented that the injured worker had 9/10 pain with medications and 9/10 pain without medications. Physical findings included limited range of motion secondary to pain, with spinal vertebral tenderness at the L4-S1 and myofascial tenderness of the paraspinal musculature. The injured worker's diagnoses included lumbar radiculopathy, lumbar disc degeneration, lumbar facet arthropathy, status post cervical fusion, right ankle pain, chronic pain, obesity, and status post left shoulder surgery. The injured worker's treatment plan included B12 injections, a Toradol injection, a prescription of tizanidine. Review of the clinical documentation indicates that the injured worker has been taking this medication since at least 06/2013. Authorization of appeal dated 01/24/2014 requested authorization for a lumbar transforaminal epidural steroid injection of the bilateral L5-S1, Tizanidine, and refill of other medications; however, no additional information regarding the appeal for Tizanidine was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE 2MG, #30:** 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 Page(s): 63.

**Decision rationale:** The requested Tizanidine 2 mg #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants in the management of chronic pain. California Medical Treatment Utilization Schedule recommends that muscle relaxants be limited to a duration of treatment of 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 05/2013. Additionally, the clinical documentation indicates that the injured worker does not have any pain relief resulting from medication usage. As the injured worker has already been on this medication for a duration of treatment to exceed guideline recommendations and there are no exceptional factors noted to support extending treatment beyond guideline recommendations, continued use is not supported. Also, the request as it is submitted does not provide a frequency of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested tizanidine 2 mg #30 is not medically necessary or appropriate.