

<b>Case Number:</b>	CM14-0120931		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/03/1999
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2014

### 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 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:

According to the records made available for review, this is a 71-year-old female with a 6/3/99 date of injury. At the time (2/17/14) of request for authorization for Tizanidine 2 mg #60 for the lumbar spine and bilateral knees, there is documentation of subjective (bilateral knee, neck and low back pain) and objective (tenderness over the L4-S1 spinal vertebral areas and bilateral knees and swollen knees) findings, current diagnoses (cervical disc degeneration, cervical radiculopathy, chronic pain, lumbar radiculopathy, bilateral knee pain, and osteoarthritis of the bilateral knees), and treatment to date (medications, including ongoing treatment with Ketoprofen and Tizanidine since at least 8/5/13). Medical report identifies that Tizanidine is prescribed for muscle spasm. There is no documentation of spasticity; short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tizanidine use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2 mg #60 for the lumbar spine and bilateral knees:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex), page(s) 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of cervical disc degeneration, cervical radiculopathy, chronic pain, lumbar radiculopathy, bilateral knee pain, and osteoarthritis of the bilateral knees. In addition, given documentation that there is ongoing treatment with NSAID, there is documentation of Tizanidine use as a second-line treatment. However, despite documentation that Tizanidine is prescribed for muscle spasm, there is no documentation of spasticity. In addition, given documentation of Tizanidine prescription since at least 8/5/13, and a prescription for Tizanidine 2 mg #60, there is no documentation of short-term (less than two weeks) treatment. Furthermore, given documentation of ongoing treatment with Tizanidine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tizanidine use to date. Therefore, based on guidelines and a review of the evidence, the request for Tizanidine 2 mg #60 for the lumbar spine and bilateral knees is not medically necessary.