

<b>Case Number:</b>	CM14-0126444		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	07/10/1997
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	07/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 62-year-old man who sustained a work-related injury on July 9, 1997. Subsequently, the injured worker developed chronic neck and lower back pain. An EMG/NCS performed on April 5, 2004 showed mild acute right L5 lumbar radiculopathy and mild sensory neuropathy. The injured worker has been treated with anti-seizure class, H2-blocker, muscle relaxant, NSAID, opioid pain medication, and sleep aid medication. The injured worker also had a Toradol injection on January 2, 2014. According to a follow-up report dated June 19, 2014, the injured worker reported neck pain that radiates down bilateral upper extremities (elbows and shoulders). He also reported low back pain. The pain radiates down the bilateral lower extremities (knees and feet). The injured worker complained of frequent muscle spasms in the low back. The injured worker rated his pain as an 8/10 with medications and 10/10 without medications. He reported his pain had worsened since his last visit. Examination of the lumbar spine revealed a well-healed surgical scar. There was spasm noted in the bilateral paraspinal musculature. Tenderness was noted upon palpation in the bilateral paravertebral area L4-S1 levels. The range of motion of the lumbar spine was moderately limited due to pain. During the follow-up visit of June 19, 2014, the injured worker was given a Toradol/B12 injection. After 15 minutes, he reported moderate pain relief. The injured worker was diagnosed with lumbar disc displacement, lumbar post laminectomy syndrome, lumbar radiculopathy, lumbar spinal stenosis, anxiety, and status post spinal cord stimulator implant. The provider requested authorization for Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg TID #90:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The injured worker was previously treated with Tizanidine, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on injured worker pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment of medication. Furthermore, there is no clear exacerbation of back pain and spasm and the prolonged use of Zanaflex is not justified. Therefore, the request for Tizanidine 4mg, #90 is not medically necessary.