

<b>Case Number:</b>	CM14-0128601		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	10/07/2008
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 58-year-old gentleman who was reportedly injured on October 7, 2008. The mechanism of injury is noted as falling out of a lift basket. The most recent progress note dated May 19, 2014, indicates that there are ongoing complaints of low back pain. A recent lumbar epidural steroid injection continues to provide over 50% of pain relief for the low back. Oral medications are stated to be helpful including Tizanidine for acute flare-ups of muscle spasms. Pain is rated at 3-4/10 without medications and 2-3/10 with medications. The physical examination of the lumbar spine revealed tenderness of the lumbar paraspinal muscles and a positive bilateral straight leg raise test. Distal sensation was full and equal bilaterally. Diagnostic imaging studies of the lumbar spine showed a disc protrusion at L1 - L2 as well as disc bulges at L3 - L4, L4 - L5, and L5 - S1. Previous treatment includes physical therapy lumbar epidural steroid injections, facet injections, the use of a tens unit, and oral medications. A request was made for Tizanidine and was not certified in the pre-authorization process on August 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs, Tizanidine (Zanaflex, generic).

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

**Decision rationale:** Tizanidine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note dated May 19 2014, the injured worker has episodes of acute exacerbations of muscle spasms and Tizanidine is used sparingly. Considering this, the request for Tizanidine is medically necessary.