

<b>Case Number:</b>	CM14-0137821		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 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:

This 40 year-old patient sustained an injury on 2/21/11 while employed by [REDACTED]. Request(s) under consideration include 90 Tablets of Tizanidine 4mg. Diagnoses include thoracolumbar sprain/ lumbosacral sprain; neck sprain; right shoulder sprain; and left knee sprain. Report of 8/7/14 from the provider noted the patient with ongoing chronic neck, low back, left leg/knee, and right shoulder pain rated at 8-9/10 down to 4-6/10 from injections. Conservative care has included lumbar trigger point injections, intraarticular knee injections, Toradol injections, medications, therapy, and modified activities/rest. Exam showed tenderness in neck, right upper back, medial scapular border; right shoulder with crepitation on range with abd (abduction) of 160-170 degrees; full elbow range; tender lumbosacral paravertebral muscles with twitch response and spasm. Diagnoses included thoracolumbar sprain and lumbosacral sprain, and shoulder and knee sprain. The patient has been deemed P&S per AME (Agreed Medical Evaluation) report of 3/19/14. The request(s) for 90 Tablets of Tizanidine 4mg was non-certified on 8/22/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Tablets of Tizanidine 4mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation, online edition Chapter: PainOpioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2011. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged without acute flare-up or clinical progression. The 90 Tablets of Tizanidine 4mg is not medically necessary and appropriate.