

Case Number:	CM14-0139364		
Date Assigned:	09/05/2014	Date of Injury:	06/22/2011
Decision Date:	10/23/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine & Emergency 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:

This patient is a 31 year-old with a date of injury of 06/22/11. A progress report associated with the request for services, dated 08/04/14, identified subjective complaints of thoracic pain and paresthasias in the lower extremities. Objective findings included tenderness to palpation of the cervical spine as well as decreased range of motion. Diagnoses included cervical and thoracic sprain/strain. Treatment had included Tizanidine, Xanax, and Norco. He also intermittently uses a TENS unit. A Utilization Review determination was rendered on 08/14/14 recommending non-certification of "Tizanidine 4mg #30".

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63 - 66.

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist antispasticity/ antispasmodic muscle relaxant. It is approved for spasticity and unlabeled use for low back pain. Dosage recommended is 2-4 mg every eight hours up to a maximum of 36 mg per

day. The Medical Treatment Utilization Schedule (MTUS) states that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. However, eight studies have shown efficacy of Tizanidine for low back pain (Chou 2007). Other authors recommend Tizanidine as a first-line option to treat myofascial pain. It may also provide benefit as an adjunct treatment for fibromyalgia. There are no recommendations given for neck pain. Therefore, in this case, the Guidelines do not give a recommendation for the area being treated therefore, this request is not medically necessary.