

<b>Case Number:</b>	CM14-0139969		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	12/28/2005
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine & 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:

According to the records made available for review, this is a 55-year-old male with a 12/28/05 date of injury. At the time (7/18/14) of request for authorization for Tizanidine 2mg one to three tablets at bedtime, #120 and Methocarbamol 750mg one tablet twice a day #90, there is documentation of subjective (chronic neck pain and low back pain with spasms) and objective (lumbar spine tenderness to palpation with myospasms and trigger points) findings, current diagnoses (depression/anxiety, cervical and lumbar spine failed fusion, and lumbar spine intervertebral disc disease with myofascial pain), and treatment to date (physical therapy and ongoing therapy with Methocarbamol and Tizanidine). There is no documentation of acute exacerbation of chronic low back pain, 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 use of Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2mg one to three tablets at bedtime, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**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)  
Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of  
Regulations, section 9792.20

**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 depression/anxiety, cervical and lumbar spine failed fusion, and lumbar spine intervertebral disc disease with myofascial pain. In addition, there is documentation of chronic low back pain and spasticity. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Tizanidine, there is no documentation of short-term (less than two weeks) treatment. Furthermore, 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 use of Tizanidine. Lastly, given documentation of an associated request for Methocarbamol, there is no documentation of a rationale identifying the medical necessity of an additional muscle relaxant. Therefore, based on guidelines and a review of the evidence, the request for Tizanidine 2mg one to three tablets at bedtime, #120 is not medically necessary.

**Methocarbamol 750mg one tablet twice a day #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. 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 for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of depression/anxiety, cervical and lumbar spine failed fusion, and lumbar spine intervertebral disc disease with myofascial pain. In addition, there is documentation of chronic low back pain and spasticity. However, there is no documentation of acute exacerbation of chronic low back pain.

In addition, given documentation of ongoing treatment with Methocarbamol, there is no documentation of short-term (less than two weeks) treatment. Furthermore, 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 use of Methocarbamol. Lastly, given documentation of an associated request for Tizanidine, there is no documentation of a rationale identifying the medical necessity of an additional muscle relaxant. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for Methocarbamol 750mg one tablet twice a day #90 is not medically necessary.