

<b>Case Number:</b>	CM14-0159472		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	03/17/2008
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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, has a subspecialty in Interventional spine 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:

The patient is a 46-year-old female with a date of injury of 03/17/2008. The requesting physician is [REDACTED], and he does not provide any progress reports for review. According to progress report 08/07/2014 by [REDACTED], the patient presents with right knee and neck pain. Examination revealed "she was ambulatory. Her reflexes were 2+ and symmetric at the biceps, triceps, and brachioradialis. She has severe myofascial trigger points in the trapezius muscles." The listed diagnoses per [REDACTED] are: 1. Osteoarthritis of the knee. 2. Primary osteoarthritis, localized. 3. Disorder of patellofemoral joint. 4. Degeneration of cervical intervertebral disk. 5. Knee pain. 6. Strain of the quadriceps. Request for authorization by [REDACTED] requests tizanidine 4 mg #60 with 5 refills. Utilization review denied the request on 09/15/2014. Treatment reports from 06/05/2014 through 10/03/2014 were provided by [REDACTED] and [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4 mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antispasticity/antispasmodic drugs Page(s): 66.

**Decision rationale:** This patient presents with continued knee and neck pain. The treater is requesting Tizanidine 4 mg #60 with 5 refills. The MTUS Guidelines page 66 allows for the use of Zanaflex (tizanidine) for low back pain, myofascial pain, and fibromyalgia. The review of the reports shows that the patient has been on this medication for quite some time now but none of the reports indicate efficacy. The treater does not document myofascial pain or fibromyalgia for which this medication is indicated. treater is providing this medication for long term use without documenting its efficacy. MTUS page 60 states that documentation of pain assessment and functional changes are required when medications are used for chronic pain. Given the lack of such documentation, the request is not medically necessary.