

<b>Case Number:</b>	CM14-0022174		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	09/22/2003
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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 Occupational Medicine 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 is a 52-year-old female patient with a 9/23/03 date of injury. She was noted to have numbness and tingling in the upper extremities due to repetitive data entering job. A 12/16/13 progress report indicated that the patient complained of pain and discomfort in the right knee and also lower lumbar spine. A Physical exam revealed that she had a positive Tinel's sign and decreased sensitivity on the left hand. There was significant tenderness over lower lumbar spine. The knee examination revealed crepitus and limited range of motion. The patient had two inconsistent urine drug screen test results. On 6/29/13 her result was positive for Cyclobenzaprine, which she was not prescribed at that time, and 12/24/13 was negative for Cyclobenzaprine, which she was prescribed. She was diagnosed with cervical sprain, lumbar sprain, mild lumbar discopathy, lumbar facet arthropathy, hand joint pain, bilateral carpal tunnel syndrome, and depression. Treatment to date: medication management and home exercise program. There is documentation of a previous 2/7/14 adverse determination, was modified to Tizanidine #120 with no refill, because short term use of muscle is appropriate for ongoing musculoskeletal pains.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE 4 MG #120 X4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (63).

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. There is no description of an acute exacerbation of the patient's chronic pain that would benefit from a short-term muscle relaxant. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. In addition, Tizanidine is a centrally acting muscle relaxant which can cause depression as a side effect. It is also unclear if the patient is on more than 1 muscle relaxant due to the fact that some documentation notes that the patient is also on cyclobenzaprine. There is no rationale as to why the patient needs to be on two different muscle relaxants. A prior Utilization Review decision modified the quantity to #120 with no refills. Therefore, the request for Tizanidine 4 mg #120 x4 is not medically necessary.