

<b>Case Number:</b>	CM14-0030670		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/06/2002
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of May 6, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; sleep aids; adjuvant medications; earlier cervical laminectomy and earlier shoulder surgery. In a Utilization Review Report dated February 13, 2014, the claims administrator denied a request for tizanidine, citing a previous Utilization Review Report recommending discontinuing of the same. In a January 15, 2014 progress note, the applicant reported 8-9/10 multifocal neck and upper back pain complaints, with derivative issues including poor sleep. The applicant then stated that tizanidine was helpful. Somewhat incongruously, one section of the report stated that the applicant was represented while another section of the report stated that the applicant was not represented. The applicant's complete medication list included Celebrex, gabapentin, Norco, Nucynta, Prilosec, Wellbutrin, and Xanax. Multiple medications were renewed. The applicant was asked to pursue physical therapy and/or massage therapy. Medial branch blocks were considered, along with cervical epidural steroid injection therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)-TWC pain procedure summary last updated 01/07/2014

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex section. Page(s): 66, 7.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in management of spasticity and can be employed off-label for low back pain, as is presented here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on other medications, including multiple opioid agents such as Norco and Nucynta. Pain was reported as 8-9/10 on the January 14, 2014 office visit at issue. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine. Therefore, the request is not medically necessary.