

<b>Case Number:</b>	CM14-0035804		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	08/06/2003
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 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 injured worker is a 48-year-old female who reported an injury on 08/06/2003. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar facet arthropathy, lumbar postlaminectomy syndrome, lumbar radiculopathy, and chronic pain. Previous treatments included surgery, medication, epidural steroid injections, and acupuncture. Within the clinical note dated 05/22/2014, reported the injured worker complained of neck pain which radiated down the right upper extremity and low back pain which radiated down the bilateral lower extremities. She reported pain is aggravated by activity and walking. The injured worker complained of frequent and severe muscle spasms in the low back. She rated her pain 9/10 in severity without medications. Upon physical examination of the lumbar spine, the provider noted the injured worker had spasms in the bilateral paraspinal musculature. Tenderness was noted upon palpation bilaterally in the paravertebral area, L4-S1 levels. The provider indicated pain was significantly increased with flexion and extension. The injured worker had a positive straight leg raise bilaterally in the seated position at 60 degrees. The provider requested Tizanidine for a muscle relaxant. The request for authorization was submitted and dated 06/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 2 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

**Decision rationale:** The injured worker complained of neck pain which radiated down her right upper extremity. She complained of low back pain which radiated down the bilateral lower extremity. She noted pain was aggravated by activity and walking. The injured worker complained of frequent and severe muscle spasms of the low back. She rated her pain 9/10 in severity without medications. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time and prolonged use of some medication in this class may lead to dependence. There is a lack of objective findings indicating the injured worker had muscle spasms. The documentation submitted failed to provide the efficacy of the medication as evidenced by significant functional improvement. The injured worker had been utilizing the medication for an extended period of time since at least 08/2013 which exceeds guideline recommendations of short-term use of 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. Therefore, Tizanidine HCL 2mg #30 is non-certified.