

<b>Case Number:</b>	CM14-0047632		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	04/10/2006
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 claimant is presented with a date of injury of 4/10/2006. The 8/28/13 note indicates back pain radiating into the extremities. Medications include Baclofen and Tizanidine. Physical examination noted no sensory loss or motor weakness. There was lumbar tenderness with motion. 9/18/13 note indicated same physical examination findings. The 10/2/13 note indicated the same physical exam findings with antalgic gait. The claimant was reporting problems with SCS due to trouble with bowel movements and urination. The 11/27/13 notes pain in back that is moderate to severe. Physical examination notes the same findings. 1/10/14 notes pain in back persists. Examination notes continued same physical findings. 1/27/14 note indicates persistent pain. There are muscle spasms in the back of the legs, calves, and bottoms of the feet. Baclofen, tizanidine and soma are taken by the insured for the muscle problem. The tizanidine is reported to help cramps.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4 mg #120 with two (2) refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 63-65.

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

**Decision rationale:** MTUS guidelines support tizanidine for back pain and for treatment of spasms. In this case, the medical records provided for review support that the injured worker has reports of muscle spasms and is reported to have benefit from tizanidine. Therefore, the request for Tizanidine HCL 4 mg # 120 with two refills is medically necessary and appropriate.