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| <b>Case Number:</b>   | CM14-0053193 |                              |            |
| <b>Date Assigned:</b> | 07/07/2014   | <b>Date of Injury:</b>       | 11/20/2012 |
| <b>Decision Date:</b> | 09/12/2014   | <b>UR Denial Date:</b>       | 04/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/22/2014 |

### 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 Family 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 28 year old male patient who reported an industrial injury to the thoracic back on 11/20/2012, almost two years ago, attributed to the performance of customary job tasks as a truck driver. The patient is reported to have chronic pain due a thoracic strain sustained while driving truck. The patient was received conservative treatment including PT; chiropractic care; acupuncture and medications. The neurosurgical consultation provided no recommendations for surgical intervention. The patient patient has been prescribed Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #30 Refills: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 102.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxants for pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter- medications for chronic pain; muscle relaxants; cyclobenzaprine; American College of Occupational and Environmental Medicine (ACOEM), Chronic pain chapter 2008 page 128; muscle relaxant.

**Decision rationale:** The patient has been prescribed muscle relaxers for chronic pain on a routine basis as there are no muscle spasms documented by the requesting provider while treating chronic thoracic spine sprain/strain. The patient is prescribed Tizanidine 4 mg #30 with two refills on a routine basis routinely for which there is no medical necessity in the treatment of chronic pain. The routine prescription of muscle relaxers for chronic pain is not supported with objective medical evidence and is not recommended by the CA MTUS. The use of the Tizanidine for chronic muscle spasms is not supported by evidence based medicine; however, an occasional muscle relaxant may be appropriate in a period of flare up or muscle spasm. The prescription for Tizanidine (Zanaflex) is recommended by the CA MTUS or the Official Disability Guidelines for the short term treatment of muscle spasms but not for chronic treatment. The chronic use of muscle relaxants is not recommended by the CA MTUS; the ACOEM Guidelines or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment and then discontinued. There is no recommendation for Tizanidine as a sleep aid. There is no documented functional improvement with the prescription of Zanaflex. The patient is prescribed both Valium and Zanaflex for muscle spasms. The CA MTUS does recommend Tizanidine for the treatment of chronic thoracic pain as a centrally acting adrenergic agonist approved for spasticity but unlabeled or off label use for chronic back pain. The request for Tizanidine is not medically necessary.