

<b>Case Number:</b>	CM14-0054295		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2014

### 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 51-year-old male with a date of injury of 7/11/13. The mechanism of injury was due to repetitive heavy lifting, carrying, bending and squatting while working. On 1/16/14, it was noted that the patient was started on Tizanidine 4mg at bedtime for the muscle relaxation, #30. On 3/6/14, he complained of low back pain with radicular symptoms to the right lower extremity involving the right thigh, leg and ankle area. The pain is associated with tingling and numbness. On exam there was tenderness to palpation on the lumbar spinous process and on the bilateral S1 joint, worse on the left side. There was pain with lumbar extension over the facet joints. The diagnostic impression is chronic low back pain with radicular symptoms to the right lower extremity and lumbar sprain/strain. Treatment to date: physical therapy, chiropractic therapy, medication management A UR decision dated 4/1/14, denied the request for Tizanidine (Zanaflex) 4mg #30. The Tizanidine was denied because the efficacy of the drug is not addressed. There were no records documenting objective functional improvement over baseline resulting from the use of this medication. The 3/6/14 report stated he requested authorization to continue Tizanidine 4mg at bedtime for muscle relaxation. The efficacy is again not addressed and guidelines note "Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #30:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state that Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and off label use for low back pain. In addition, the MTUS Chronic Pain Guidelines also states that 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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, there was no documentation of an acute exacerbation of the patient's chronic pain. In addition, it is noted that the patient has been on Tizanidine since 1/16/14. Guidelines do not support the long-term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Therefore, the request is not medically necessary and appropriate.