

<b>Case Number:</b>	CM14-0065927		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	10/29/2008
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 43-year-old female who has submitted a claim for unspecified episodic mood disorder associated with an industrial injury date of October 29, 2008. Medical records from March to April 2014 were reviewed showing that the patient complained of persistent neck pain, bilateral arm numbness and tingling sensation. Her pain was aggravated by lifting and lying down and was partially relieved by hydrocodone. On physical examination, patient was found to have a limited active range of motion of the cervical spine with flexion 0-10 degrees, extension 0-10 degrees and rotation 0-40 degrees bilaterally. She had a healed surgical scar on her anterior neck. She was sensitive to touch in both upper trapezius and cervical paraspinal muscles. Treatment to date has included cervical spine surgery, physical therapy, and medications including Fioricet and Baclofen. Utilization review from May 8, 2014 denied the request for Tizanidine 4mg #60 because of the absence of documented spasticity and significant functional/vocational benefit with the use of muscle relaxants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg, #60:** Upheld

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

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

**Decision rationale:** Page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, there is no benefit beyond and in combination with NSAIDS in pain and overall improvement. Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, antispasticity drugs, and drugs with both actions. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity. It is also used off label for low back pain. In this case, tizanidine 4 mg was prescribed for the patient's continued muscle spasms in her neck and upper back despite being on Baclofen. Baclofen is also an antispasticity drug like Tizanidine. There is no evidence to support the use of Tizanidine in patients with muscle spasms in the neck and upper back who did not have any significant functional/vocational benefit with the prior use of muscle relaxants. The most recent clinical evaluation also does not reveal the presence of low back pain, the other indication for Tizanidine. Therefore, the request for PRESCRIPTION DRUG, TIZANIDINE 4 MG # 60 is not medically necessary.