

<b>Case Number:</b>	CM14-0191859		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	04/16/1990
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44 year old female with an injury date on 4/16/90. The patient complains of low lumbar pain, radiating down to the bilateral hips and behind her legs, with pain rated 5/10, per 9/29/14 report. The patient states the pain has worsened since last visit, the pain is constant throughout the day, but that medication is helpful, per 9/5/14 report. The patient states that her back pain is primary, but the bilateral hip pain improved with sacroiliac joint injections. Based on the 9/29/14 progress report, the diagnoses are: chronic pain syndrome; lower back pain; spinal enthesopathy; and fasciitis, unspecified. A physical exam on 9/5/14 showed "bilateral SI joint tenderness, improved range of motion of the L-spine." The patient's treatment history includes medications (currently valium, tizanidine, Percocet, Oxycontin per 9/29/14 report), sacroiliac joint injections, home exercise program, physical therapy (unable to continue due to pain), and TENS (failed). The treating physician is requesting (retro) DOS 10/7/14 tizanidine HCL 4mg #60. The utilization review determination being challenged is dated 11/7/14. The requesting physician provided treatment reports from 8/6/14 to 11/3/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Retro) DOS 10/07/14 Tizanidine HCL 4mg # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, Medications for Chronic Pain Page(s): 66, 60, 61.

**Decision rationale:** This patient presents with lower back pain, bilateral hip pain, and bilateral leg pain. The treating physician has asked for (retro) DOS 10/7/14 tizanidine hcl 4mg #60 on 9/29/14. The patient began taking Zanaflex in 9/5/14 report. Regarding Zanaflex, MTUS page 66 recommends for management of spasticity and low back pain, particularly effective in myofascial pain and as adjunct treatment for fibromyalgia. In this case, the patient presents with lower back pain which is indicated for Zanaflex. The patient has been taking Zanaflex for more than 3 weeks; however, with no documentation of efficiency. Regarding medications for chronic pain, MTUS page 60 states: "A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded." There is not sufficient documentation that this medication has been of benefit to this patient. Therefore, this request is not medically necessary.