

<b>Case Number:</b>	CM14-0208634		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Practice 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:

53 yr. old male claimant sustained a work injury on 5/30/12 involving the low back. He was diagnosed with lumbar radiculopathy and cervical radiculopathy. An MRI of the cervical spine in July 2012 showed C6- C7 central canal narrowing and degenerative changes. He underwent an anterior cervical discectomy and fusion of C6- C7. He had undergone physical therapy, cervical spine mobilization and used oral analgesics. A progress note on November 17, 2014 indicated the claimant had 7/10 pain with medications and 8/10 pain without medications. Exam findings were notable for spinal vertebral tenderness in the C-4 - C7 region with painful reduced range of motion. Sensory motor examinations were intact in the upper extremities. The treating physician provided trigger injections and continued the claimant on Norco, Butrans and Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine Cap 4mg #90:** 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): 68.

**Decision rationale:** According to the MTUS guidelines, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. 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. In this case, the claimant had been on muscle relaxants for several months. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Tizanidine is not medically necessary.