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| <b>Case Number:</b>   | CM14-0064838 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 02/19/2010 |
| <b>Decision Date:</b> | 01/28/2015   | <b>UR Denial Date:</b>       | 04/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/07/2014 |

### 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 Acupuncture & Pain 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:

52y/o female injured worker with date of injury 2/19/10 with related neck and back pain. Per progress report dated 3/19/14, the injured worker complained of neck and back pain with headaches and radiation to the bilateral upper extremities. Per physical exam, there was cervical tenderness with spasm and restricted range of motion and negative Spurling's sign. There was restricted lumbar range of motion. Lumbar facet loading was positive on the right side. Straight leg raising was negative. Sensation to light touch was decreased over the medial hand, lateral hand, and medial forearm, lateral forearm on the right side. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included acupuncture, and medication management. The date of UR decision was 4/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4 mg #60:** Overturned

**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 Page(s): 66.

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." I respectfully disagree with the UR physician's assertion that there must be contraindication to NSAID therapy prior to treatment with muscle relaxants; the MTUS does not mandate this. Tizanidine is indicated for the injured worker's neck spasm and low back pain. The request is medically necessary.