

<b>Case Number:</b>	CM15-0002680		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	05/24/2011
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 injured worker is a 48 year old male, who sustained an industrial injury on 5/24/2011. The diagnoses have included post laminectomy syndrome, post fusion cervical syndrome, anxiety, depression and insomnia. Treatment to date has included medications, cervical fusion, physical therapy TENS, home exercise program, cold packs, chiropractic therapy and activity modification. Currently, the injured worker complained of pain 5 to 8/10 with medications and 5 to 10/10 without medications. The pain radiated to the head, neck, shoulder, arm, hand, elbow and fingers with burning, clicking, grinding, numbness, popping, stabbing, stiffness, swelling, tenderness and weakness. The treating provider noted decrease in in the level of function with tender cervical spine with extreme stiffness. The medications listed are Vicodin, Lyrica, Cymbalta and Zanaflex. There were inconsistent UDS reports with non identification of some prescribed medications. On 12/22/2014 Utilization Review non-certified Tizanidine 4mg #60, noting MTUS Chronic pain Treatment Guidelines, Muscle Relaxants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanadine 4mg#1-2 PO Q HS #60:** 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 9792.24.2 Page(s): 63-66. Decision based on Non-MTUS Citation Pain Chapter Muscle Relaxants

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain that did not respond to standard treatments with NSAIDs and PT. The chronic use of muscle relaxants can lead to tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records indicate that the patient had utilized Tizanidine longer than the guidelines recommended maximum utilization period of 4-6 weeks. The patient is also utilizing opioids and other sedative medications. The UDS was inconsistent with absence of some prescribed medications. The criteria for the use of Tizanidine 4mg 1-2 Q HS #60 was not met.