

<b>Case Number:</b>	CM15-0009383		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	08/23/2010
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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 39 year old male, who sustained an industrial injury on 8/23/2010. The current diagnoses are degenerative joint disease of the knee, chronic pain, neuralgia/neuritis (unspecified), lumbar degenerative disc disease, lumbago and insomnia. Currently, the injured worker complains of left-sided low back and left leg pain. The back pain radiates down his left leg with associated numbness in the left foot. There are associated complaints of cramps and muscle spasm. The left knee continues about the same, but he now has episodic pains in the right knee, possibly from using the right leg more to compensate for the weakness on the left side. The pain is rated 5-6/10 with medications and 8-9/10 without. Current pain medications listed are Norco, Mobic, Cymbalta and Nortriptyline. The Cymbalta and Nortriptyline was recently added to the medication regimen. Treatment to date has included medications and knee brace. The treating physician is requesting Tizanidine 4mg #30, which is now under review. On 1/12/2015, Utilization Review had non-certified a request for Tizanidine 4mg #30. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Tablets of Tizanidine 4mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity /Antispasmodic drugs.

**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 short term treatment of exacerbation of musculoskeletal pain. The chronic use of muscle relaxants is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative medications. The records indicate that the patient was started on Cymbalta and Nortriptyline recently. The record did not show the duration of use or efficacy of these new medications. The guidelines did not recommend that chronic use of muscle relaxants or use beyond the acute injury and exacerbation of pain periods. The criteria for the use of Tizanidine 4mg #30 was not met.