

<b>Case Number:</b>	CM15-0102294		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	08/22/2000
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 49-year-old male who sustained an industrial injury to his lower back on 08/22/2000 while carrying a cabinet. The injured worker was diagnosed with lumbar degenerative disc disease, post lumbar laminectomy syndrome and chronic pain syndrome. The injured worker is status post L4-L5 and L5-S1 discectomy and laminectomy in 2001 and 2002. Recent lumbar magnetic resonance imaging (MRI) with and without contrast in January 2015 was reported as stable, no changes from previous study. Treatment to date includes diagnostic testing, surgery, physical therapy, chiropractic therapy, RS 4 stimulator and medications. According to the primary treating physician's progress report on May 12, 2015, the injured worker continues to experience back pain radiating to both lower legs and occasional difficulty falling asleep. The injured worker rates his pain level at 8/10 without medications and 6/10 with medications. Examination of the lumbar spine demonstrated restricted range of motion in all planes due to pain. There was tenderness to palpation and spasm of the paravertebral muscles on the right side. No spinal process tenderness was noted. Lumbar facet loading test was positive bilaterally. Trigger point with radiating pain and twitch response was noted. The injured worker was unable to heel walk and was able to walk on his toes. The injured worker had a slow, antalgic gait without the use of assistive devices. Motor examination was limited by pain with decreased strength on the left side. Sensory examination demonstrated decreased light touch and pin prick over the left L5 lower extremity dermatomes. Current medications are listed as Duragesic 50mcg/hour patches, Norco 10/325mg, Lyrica, Bupropion XL 300mg, Trazodone, Tizanidine, Buspirone, Sertraline and Colace. Treatment plan consists of continuing with medication regimen and the current request for Tizanidine at sleep.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine Hydrochloride 2mg quantity 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 2000 and continues to be treated for radiating low back pain. When seen, pain was rated at 5/10. He was having difficulty sleeping. There had been no new injury. There was an antalgic and slow gait. There was decreased and painful lumbar spine range of motion with paraspinal muscle tenderness and spasms on the right side. There were trigger points. Facet loading was positive. There was decreased lower extremity strength and sensation. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is therefore not medically necessary.