

<b>Case Number:</b>	CM15-0108610		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63-year-old male, who sustained an industrial injury on 9/16/11. The injured worker has complaints of lateral aspect of the right upper thigh pain and pain in the right leg when he tries to lift his up or when he tries to stretch. The documentation noted on examination limited range of motion of the lumbar spine and straight leg raising causes hamstring pull on the right at about 60 degrees. The injured worker has decreased pinprick sensation in the right L5 distribution and tenderness over the right trochanteric bursa. The diagnoses have included lumbar disc disease, associated with right lumbar radiculopathy and right trochanteric bursitis. Treatment to date has included lumbar nerve blocks; magnetic resonance imaging (MRI) of the lumbar spine revealed disc protrusions at multiple levels, associated with facet hypertrophy and canal stenosis at the L3-4 and L4-5 levels, there is also facet-joint hypertrophy at multiple levels, there is also a right sided posterior disc protrusion t the L5/S1 (sacroiliac) level; tizanidine; gabapentin and spironolactone. The request was for tizanidine tab 2 mg quantity 30 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine tab 2 mg qty: 30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain. Antispasticity/Antispasmodic Drugs. Medications for chronic pain Page(s): 63- 66, 60.

**Decision rationale:** This patient presents with pain in the lateral aspect of the right upper thigh pain and pain in the right leg. The current request is for Tizanidine tab 2 mg qty: 30 with 3 refills. The RFA is dated 05/20/15. Treatment to date has included TENS, lumbar nerve blocks; magnetic resonance imaging (MRI) of the lumbar spine; Tizanidine; gabapentin and spironolactone. The patient is not working. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" Antispasticity/Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. 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." This patient was started on Tizanidine on 12/16/14. This patient presents with limited range of motion of the lumbar spine and straight leg raising causes hamstring pull on the right at about 60 degrees. The patient has decreased pinprick sensation in the right L5 distribution and tenderness over the right trochanteric bursa. The treater recommended refill of medications including Tizanidine tab 2 mg qty: 30 with 3 refills. According to progress report 01/27/15, the patient is utilizing Tizanidine for reduction of pain and better sleep. There is no further discussion regarding this medication. MTUS p60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, given the lack of discussion regarding medication efficacy, further use cannot be supported. The request is not medically necessary.