

<b>Case Number:</b>	CM15-0136096		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	09/27/2004
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 33 year old male, who sustained an industrial injury on September 27, 2004. The injured worker was diagnosed as having lumbar disc displacement, lumbar stenosis, cervical disc displacement and lumbosacral disc degeneration. Treatment to date has included medication, epidural steroid injection and magnetic resonance imaging (MRI). A progress note dated June 15, 2015 provides the injured worker complains of low back pain radiating to the lower extremities. His pain continues but is reported to be improved since epidural steroid injection. He ambulates with the assistance of a cane. Review of magnetic resonance imaging (MRI) reveals lumbar and sacra disc bulges. Physical exam notes extremely flat affect, lethargy and psychomotor slowing. There is lumbar spasm and guarding. The plan includes foregoing surgery until psychological disposition is adequately addressed, morphine, Tizanidine, Topamax and aqua therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine-Zanaflex 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex), Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section, Weaning of Medications Section Page(s): 63, 66, 124.

**Decision rationale:** Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbation of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Robaxin. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. Zanaflex is FDA approved for the management of spasticity. The use of muscle relaxants for pain is recommended with caution as a second-line option for short term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. In this case, the injured worker is being treated for chronic pain without evidence of functional improvement. Additionally, there is no acute flare-up of pain. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Tizanidine-Zanaflex 4mg #60 is determined to not be medically necessary.