

<b>Case Number:</b>	CM15-0137488		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	06/29/2009
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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, New York, 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 applicant is a represented 65-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 29, 2009. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for tizanidine. The claims administrator referenced an RFA form received on June 5, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated February 26, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 7/10. The applicant was given refills of tramadol and tizanidine and kept off of work, on total temporary disability. Unspecified topical compounds were also renewed. No seeming discussion of medication efficacy transpired. On January 9, 2015, the applicant was again placed off of work, on total temporary disability. Unspecified medications were again renewed, seemingly without any discussion of medication efficacy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine cap 4 mg Qty 60 with 2 refills, take 1 twice daily as needed for spasms:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for tizanidine, an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine is FDA approved in the management of spasticity but can be employed off-label for low back pain, as was present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, multiple handwritten progress notes, referenced above, made no mention of medication efficacy. The fact that the applicant remained off of work, on total temporary disability, coupled with the fact that ongoing usage of tizanidine failed to curtail the applicant's dependence on opioid agents such as tramadol, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of tizanidine (Zanaflex). Therefore, the request was not medically necessary.