

<b>Case Number:</b>	CM15-0188458		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, District of Columbia, Maryland  
 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 24 year old male who sustained an industrial fall injury on 07-31-2013. A review of the medical records indicated that the injured worker is undergoing treatment for a lower back sprain and strain. According to the treating physician's progress report on 09-08-2015, the injured worker continues to experience pain in the lower back rated at 4 out of 10 on the pain scale. Examination of the thoracic spine noted mild tenderness of the paraspinal muscles with tightness and functional range of motion intact. The lumbosacral area demonstrated mild to moderate tenderness of the lumbosacral spine and paraspinal muscles with minimal paralumbar muscles tightness. Range of motion was mildly decreased with extension due to pain. Motor strength, sensation and reflexes were intact of the bilateral lower extremities were intact. Recent diagnostic testing interpreted within the progress note dated 09-08-2015 noted an Electromyography (EMG) and Nerve Conduction Velocity (NCV) studies as normal and lumbar spine magnetic resonance imaging (MRI) showed L4-5 and L5-S1 interspinous edema otherwise negative. Prior treatments have included diagnostic testing, acupuncture therapy, physical therapy, transcutaneous electrical nerve stimulation (TEN's) unit and medications. Current medications were listed as Meloxicam and Tizanidine. Treatment plan consists of completing the authorized 6 sessions of acupuncture therapy, continuing medication regimen and the current request for transcutaneous electrical nerve stimulation (TEN's) unit and Tizanidine 4mg #30 with 3 refills. On 09-16-2015 the Utilization Review determined the request for transcutaneous electrical nerve stimulation (TEN's) unit and Tizanidine 4mg #30 with 3 refills was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4 mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** With regard to muscle relaxants, the MTUS CPMTG states: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) 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." UDS that evaluate for tizanidine can provide additional data on whether the injured worker is compliant, however in this case there is no UDS testing for tizanidine. The documentation submitted for review indicates that the injured worker has been using this medication since at least 9/2014. As the guidelines recommended muscle relaxants for short-term use only, medical necessity cannot be affirmed. Furthermore, the request for 4-month supply is not appropriate. The request is not medically necessary.

**One (1) TENS unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines do not recommend TENS as a primary treatment modality, but support consideration of a one-month home-based TENS trial used as an adjunct to a program of evidence-based functional restoration. Furthermore, criteria for the use of TENS includes pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a documented one-month trial period stating how often the unit was used, as well as outcomes in terms of pain relief and function. Per the medical records submitted for review, the injured worker was refractory to medication, acupuncture, and physical therapy. He has

undergone TENS unit trial which was noted to provide significant relief. I respectfully disagree with the UR physician's assertion that prescription to begin acupuncture therapy and medications obviate the use of TENS unit. The request is medically necessary.