

<b>Case Number:</b>	CM15-0191980		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	08/28/2010
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 8-28-10. The injured worker reported back pain with radiation to the right leg. Medical records dated 8-17-15 indicate pain rated at 6 out of 10. Provider documentation dated 8-17-15 noted the work status as permanently disabled. Treatment has included use of a walker, rest, Lidocaine Patch, Trazodone, Tizanidine, Gabapentin, physiotherapy, transcutaneous electrical nerve stimulation unit. Objective findings dated 8-17-15 were notable for trigger points palpated in the back and buttocks, hypesthesia to light touch, decreased sensory to light touch in medial aspect of right leg. The original utilization review (9-14-15) denied a request for Retrospective request for Tizanidine 4mg #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Tizanidine 4mg #1: Upheld**

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

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

**Decision rationale:** The CA MTUS allows for the use, with caution, of non sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of tizanidine 4 mg quantity 1 60 tab. This is not medically necessary and the original UR decision is upheld.