

<b>Case Number:</b>	CM15-0195277		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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:

This 65 year old female sustained an industrial injury on 4-1-09. Documentation indicated that the injured worker was receiving treatment for cervical radiculopathy, left shoulder pain and chronic pain. Previous treatment included chiropractic therapy, suprascapular nerve block (6-9-15) and medications. In a pain medicine reevaluation dated 6-29-15, the injured worker complained of neck and low back pain with radiation down bilateral upper and lower extremities as well as bilateral shoulder pain rated 7 out of 10 on the visual analog scale with medications and 10 out of 10 without medications. The injured worker reported 50% overall improvement following left suprascapular nerve block (6-12-15) with improved mobility that continued at the time of exam. The injured worker reported that chiropractic therapy and opioid pain medications were helpful with 50% improvement to pain and functional improvement. Physical exam was remarkable for cervical spine with tenderness to palpation in the cervical spine musculature and vertebra with spasms, trigger points with twitch response and "moderately" limited range of motion due to pain and lumbar spine with tenderness to palpation to the paraspinal at L4-S1 with spasms, "moderately limited" range of motion, decreased sensation along the L3-4 distribution and positive left straight leg raise and tenderness to palpation at the left shoulder and left upper extremity with left shoulder, left elbow and left wrist range of motion "decreased" due to pain. Current medications consisted of Cyclobenzaprine, Flexeril, Ibuprofen and Tylenol with codeine. In a pain medicine reevaluation dated 9-21-15, the injured worker complained of neck and low back pain with radiation down bilateral upper and lower extremities, bilateral shoulder pain and left hip pain, rated 9 out of 10 with medications and 10 out of 10 without medications. The injured worker reported that benefits from suprascapular nerve block continued at the time

of exam. Physical exam was unchanged. The injured worker received a Toradol and Vitamin B-12 injection during the office visit. The treatment plan included physical therapy for the right shoulder and medications (Ibuprofen, Tylenol with codeine and Tizanidine). On 9-21-15, Utilization Review noncertified a request for Tizanidine 2mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tizanidine 2mg #90: 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:** Based on the 8/24/15 progress report provided by the treating physician, this patient presents with constant neck pain radiating down bilateral upper extremities with spasms in left neck area, bilateral shoulder pain that is constant, low back pain radiating down bilateral lower extremities left > right, with numbness in the left lower extremity to the level of the thigh, left hip pain, and bilateral leg pain, with pain rated 10/10 with medications and 10/10 without medications. The treater has asked for Tizanidine 2MG #90 on 8/24/15. The request for authorization was not included in provided reports. The patient's pain has worsened since the previous visit, and the patient has difficulty sleeping per 8/24/15 report. The patient is s/p left suprascapular nerve block from 6/12/15 with 50% overall improvement and continued pain relief that is still ongoing per 8/24/15 report. The patient had chiropractic therapy which was helpful in the past per 8/24/15 report. The patient is currently not working as of 6/24/15 report. MTUS Guidelines, Muscle Relaxants for pain section, page 66 states: "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." MTUS Guidelines, Medications for Chronic Pain section, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" The treater does not discuss this request in the reports provided. The patient is currently using Tizanidine per 8/24/15 report. The patient had been using Flexeril previously, in 4 reports dated 4/6/15 to 6/24/15. In this case, the patient does not have a diagnosis of myofascial pain as per MTUS guidelines. In addition, the treater does not document or discuss how pain is reduced and function is improved by the patient as required by MTUS pg. 60. Therefore, the request is not medically necessary.

