

<b>Case Number:</b>	CM15-0196743		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	09/08/2011
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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:

This is a 59 year old male who sustained an industrial injury on 9-8-2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spondylosis and facet arthralgia, lumbar strain, lumbar sciatica, left ankle sprain, left knee sprain and anxiety. According to the progress report dated 4-13-2015, the injured worker had been off Tramadol for 3.5 weeks. His pain level was 1. He had some discomfort with right lateral bending. He had been using Tizanidine 4 to 8mg at night to assist with sleep. He reported interval improvement in left and right low back pain. The physical exam (4-13-2015) revealed minimal tenderness bilaterally at the lower lumbar paraspinal muscles. Per the progress report dated 8-6-2015, the injured worker's overall pain levels were 4 out of 10. Per the treating physician (8-6-2015), the injured worker was currently working. Treatment has included radiofrequency rhizotomy, and medications (Tizanidine since at least 4-13-2015). The recommendation (4-13-2015) was to taper off Tizanidine. Current medications (8-6-2015) included Tylenol #3 and Celebrex. The original Utilization Review (UR) (9-29-2015) denied a request for Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4 mg #60 refill 2:** 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:** 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." The documentation submitted for review indicates that the injured worker has been using this medication to assist with sleep. With regard to medication history, the medical records indicate that the injured worker has been using this medication since at least 4/2015. As it is being used for an unsupported indication, and is not recommended for long-term use, the request is not medically necessary. Furthermore, the request for 3 month supply is not appropriate.