

<b>Case Number:</b>	CM15-0197128		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Emergency 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 injured worker is a 58 year old female, who sustained an industrial injury on 10-01-2009. The injured worker is currently permanent, stationary, and working full time without restrictions. Medical records indicated that the injured worker is undergoing treatment for degenerative disc disease of the lumbar spine with left radiculopathy. Treatment and diagnostics to date has included medications. Recent medications have included Ibuprofen, Omeprazole, Gabapentin, and Tizanidine. After review of the progress note dated 09-03-2015, the injured worker reported pain in the lower back that radiates down the left leg and rated her average pain level 5-8 out of 10. Objective findings included palpable tenderness to lower lumbar spine and left lumbar musculature, palpable spasm to left lumbar musculature, and positive supine straight leg raise test. No other progress notes noted prior to 09-03-2015. The request for authorization dated 09-09-2015 requested Gabapentin and Tizanidine 4mg #60. The Utilization Review with a decision date of 09-17-2015 modified the request for Tizanidine 4mg #60 to Tizanidine 4mg #20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

**Decision rationale:** The requested Tizanidine 4 mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAID's and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain in the lower back that radiates down the left leg and rated her average pain level 5-8 out of 10. Objective findings included palpable tenderness to lower lumbar spine and left lumbar musculature, palpable spasm to left lumbar musculature, and positive supine straight leg raise test. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Tizanidine 4 mg #60 is not medically necessary.