

<b>Case Number:</b>	CM15-0198799		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/15/2010
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 55 year old female who sustained an industrial injury September 15, 2010. On June 25, 2015, the injured worker underwent a radiofrequency neurotomy of the medial branch of the posterior primary ramus on the right at L3, L4, L5. Diagnoses are multilevel disc protrusions, positive MRI; lumbar spine radiculopathy; lumbar spine facet arthropathy; lumbar spine degenerative disc disease; depression. According to a primary treating physician's orthopedic evaluation dated September 11, 2015, the injured worker presented for follow-up with complaints of lumbar spine pain, rated 9 out of 10, described as sharp with muscle spasms radiating down both legs to the toes, with numbness and tingling. Physical examination revealed; 5'4" and 159.6 pounds; walking carefully and using a walker; positive Stoop test and extremely poor balance; loss of balance attempting to heel toe walk; positive paraspinal tenderness to palpation. The treatment plan included recommendation for medications previously denied to allow injured worker to be functional including Flector patch and Tizanidine, and to continue with home exercise program. At issue, is the request for authorization dated September 11, 2015 for Tizanidine 4mg (1) twice a day, Quantity: 60 with (5) refills. According to utilization review dated September 30, 2015, the request for Tizanidine 4mg (1) BID (twice per day) Quantity: 60 Refills: (5) was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg, 1 twice a day quantity 60 with five refill: 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:** Regarding the request for Tizanidine 4mg, 1 twice a day quantity 60 with five refill, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested Tizanidine 4mg, 1 twice a day quantity 60 with five refills, is not medically necessary.