

<b>Case Number:</b>	CM15-0199974		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	06/08/2005
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 58 year old male with an industrial injury date of 06-08-2005. Medical record review indicates he is being treated for cervicothoracic strain-arthrosis-discopathy with central and foraminal stenosis, status post lumbar 2 fracture with posterior decompression and instrumented fusion of lumbar 1-lumbar 2, sleep disturbance secondary to pain; and neurologic, internal medicine and psychiatric diagnoses. Subjective complaints (08-26-2015) included low back pain radiating down both legs. Work status (08-26-2015) is documented as permanent and stationary. Pain rating with and without medications, activities of daily living and prior medications are not indicated in the medical records reviewed. Prior treatments are documented as medications, aqua therapy and home exercise program. Objective findings (08-26-2015) included positive straight leg raising signs bilaterally with low back pain. Current medications included Omeprazole, Ultracet and Tizanidine (at least since 03-05-2015). On 09-18-2015 the request for Tizanidine 2 mg #60 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2mg #60:** 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 claimant has a remote history of a work injury occurring in June 2005. He sustained an L2 fracture and underwent a posterior decompression and fusion from L1-L3. When seen, he was having ongoing back pain radiating into both lower extremities. Physical examination findings included low back pain with facet testing. Straight leg raising was positive bilaterally. Ultracet, omeprazole, and tizanidine were refilled. These medications were being prescribed on a long-term basis. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.