

<b>Case Number:</b>	CM15-0205408		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	08/12/2009
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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 48-year-old female, who sustained an industrial injury on 8-12-2009. The injured worker was diagnosed as having cervical facet syndrome, cervical post-laminectomy syndrome, and cervical radiculopathy. Treatment to date has included diagnostics, cervical spinal surgery in 2011, epidural steroid injection, physical therapy, and medications. On 8-19-2015, the injured worker complains of radiating neck pain and right shoulder pain. Pain was rated 8 out of 10, 9 out of 10 without medications (unchanged from 7-22-2015 and 6-17-2015). She reported poor sleep quality, awakening due to pain. Quality of life rating was 7 out of 10, noting that when she takes medications as prescribed she is able to remain functional in activities of daily living. Current medications included Nucynta, Nucynta ER, Tizanidine (since at least 3-2015), and Ibuprofen. Failed medications included Vicodin, Norco, Elavil, Amitriptyline, Hydromorphone, Medrol, Ultracet, Tramadol, Relafen, Ibuprofen, Gabapentin, Lyrica, and Percocet. Exam of the cervical spine included tenderness to palpation of the paravertebral muscles, with hypertonicity, spasm, and tight muscle band. Exam of the right shoulder noted restricted motion, positive Hawkin's test, Neer's test, Speed's test, shoulder crossover, and empty can. Work status was not specified. On 9-30-2015, Utilization Review modified a request for Tizanidine 2mg #30 to Tizanidine 2mg #7.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 tablets of Tizanidine HCL 2mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The claimant sustained a cumulative trauma injury with date of injury in August 2009 and underwent a C5-7 anterior cervical decompression and fusion in August 2011. Medications include Tizanidine prescribed since at least March 2015. When seen, she was having radiating neck and right shoulder pain. Medications were decreasing pain from 8/10 to 5/10. She was having poor sleep quality and was awakening due to pain. There had been no new injury since the last visit. Physical examination findings included a normal body mass index. There was decreased cervical range of motion. There was cervical paravertebral muscle tenderness with spasms, hypertonicity, and right muscle bands. There was right occipital tenderness. There was bilateral cervical facet tenderness and neck pain with Spurling's testing. There was decreased right shoulder range of motion with positive impingement testing. There was decreased sensation and decreased strength with testing limited by pain. Hoffmann's testing was negative. Nucynta, Nucynta ER, ibuprofen, and Tizanidine were refilled. 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. The request is not medically necessary.