

<b>Case Number:</b>	CM15-0224688		
<b>Date Assigned:</b>	11/23/2015	<b>Date of Injury:</b>	04/28/2004
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 54-year-old, female who sustained a work related injury on 4-28-04. A review of the medical records shows she is being treated for low back, hip and knee pain. In the progress notes dated 10-29-15, the injured worker reports headaches, low back knee and hip pain. She rates the pain level a 7 out of 10. The pain is described as throbbing, constant and radiating. "Medication improves her condition." She states "medications are helpful to reduce her pain." Upon physical exam dated 10-29-15, she has tenderness over lumbar paraspinal area. She has positive straight leg raises with both legs. Treatments have included medications. Current medications include Cymbalta, Norco, Amitiza, Prilosec, Gabapentin, Ibuprofen, and Tizanidine. No notation of working status. The treatment plan includes requests for an MRI of lumbar spine and for medications. The Request for Authorization dated 10-30-15 has requests for Cymbalta and Tizanidine. In the Utilization Review dated 11-4-15, the requested treatment of Tizanidine 2mg. #60 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2mg quantity 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:** This 54 year old female has complained of low back pain, hip pain and knee pain since date of injury 4/28/2004. She has been treated with physical therapy and medications to include muscle relaxants since at least 06/2015. The current request is for a muscle relaxant, Tizanidine. Per the MTUS guideline cited above, muscle relaxant agents (Zanaflex) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. The use of muscle relaxant agents in this patient far exceeds the recommended time period usage. On the basis of the MTUS guidelines and available medical documentation, Zanaflex is not indicated as medically necessary.