

<b>Case Number:</b>	CM15-0035129		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	01/21/2003
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury January 21, 2013. In a Utilization Review Report dated February 13, 2015, the claims administrator failed to approve a request for tizanidine (Zanaflex). The claims administrator referenced a January 26, 2015 progress note in its determination. On January 26, 2015, the applicant reported ongoing complaints of low back, knee, and neck pain. The attending provider stated that the applicant's recent renal and hepatic function testing's were fine. The applicant was using tizanidine up to four times a day, it was noted. The applicant's medications included Tizanidine, Senna, and Ambien. The attending provider stated that he discontinued Norco on the grounds that the applicant had had inconsistent drug test results. Work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place. The applicant was status post earlier knee surgery. On December 1, 2014, the attending provider stated that the applicant was using four to six tablets of Norco daily and four tablets of tizanidine daily. Work restrictions were again endorsed. The attending provider stated that the applicant was, at times, bedridden owing to heightened pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #120 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for tizanidine, an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that the tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off work, it was suggested, following imposition of permanent work restrictions. The applicant was using opioid agents such as Norco, in addition to tizanidine. The applicant was, at times, bedridden owing to heightened complaints of pain. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20 f, despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.