

<b>Case Number:</b>	CM15-0037441		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	11/19/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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

Certification(s)/Specialty: Internal 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 71-year-old female, with a reported date of injury of 11/19/2001. The diagnoses include lumbar post-laminectomy syndrome, lumbosacral radiculitis, low back pain, and degeneration of the lumbar disc. Treatments have included oral medications. The progress report dated 01/16/2015 indicates that the injured worker had low back pain with radiation to the bilateral lower extremities, left more than the right, down to the posterior calf. She rated her pain 6 out of 10 with medication. It was noted that the Tizanidine decreased her spasm and pain. The objective findings include tenderness and spasm in the paravertebral muscles of the lumbar spine, tenderness at L4-S1, a healed midline lumbar post-surgical incision, tenderness in both sciatic notches, prominent spasm in the paravertebral muscles of the lumbar spine on the right, and decreased range of motion of the lumbar spine. The treating physician requested Tizanidine 4mg, one tablet three times a day as needed for spasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4 mg (1 tablet TID prn spasm): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants Page 63-66.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) address muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Zanaflex (Tizanidine) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored. Medical records document the long-term use of Tizanidine (Zanaflex). MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend long-term use of muscle relaxants. The request for Tizanidine is not supported by MTUS and ACOEM guidelines. Therefore, the request for Tizanidine is not medically necessary.