

<b>Case Number:</b>	CM15-0041729		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	10/14/2011
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 39-year-old male, who sustained an industrial injury on 10/14/2011. He reported injury to the low back. The injured worker was diagnosed as having L3-L4 disc protrusion; L5-S1 disc protrusion with impingement on the left S1 nerve root; chronic myofascial pain syndrome of the lumbar spine; and status post microdiscectomy and foraminotomy at L4-L5. Treatment to date has included medications, diagnostic studies, physical therapy, and surgical intervention. Medications have included Norco, Gabapentin, Naproxen, Tizanidine, and Prilosec. A progress note from the treating provider, dated 02/05/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain that has been somewhat improved, but has increasing nerve pain and cramping in the lower extremities on the left leg greater than the right; and sleep disturbances due to the nerve pain. Objective findings included no significant tenderness in the low back paraspinal musculature; and decreased strength with heel walking on the left. The treatment plan of care includes medication prescriptions as the medications provide reduced pain and increased activity. Request is being made for Tizanidine 2 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**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.