

<b>Case Number:</b>	CM15-0051759		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	07/13/2007
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 58 year old female, who sustained an industrial injury on 07/13/2007. Treatments have included MRI of the lumbar spine, electrodiagnostic testing of the bilateral lower extremities and MRI of the left knee, right piriformis injection, right and left sacroiliac joint injection, cortisone injections to the knee, bilateral sacroiliac joint injection and medications. On 02/23/2015, the injured worker underwent bilateral sacroiliac joint steroid injection under fluoroscopy. As of an office visit dated 02/25/2015, the injured worker was seen for bilateral knee pain. Current medications included Naproxen, Neurontin, Nuvigil, Percocet, Celexa, Zanaflex, Lidoderm and OxyContin. Diagnoses included knee pain (both), sacroiliac pain, and low back pain. The provider noted that the injured worker was feeling 90 percent better, able to move more freely and reliant on less medications following the recent sacroiliac injection. Prescriptions were given for Lidoderm patch, Naproxen, Neurontin, Zanaflex, Celexa, Nuvigil, Percocet and OxyContin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine (Zanaflex) 2mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

**Decision rationale:** Guidelines state that non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations of low back pain. Guidelines also do not recommend muscle relaxants as any more effective than NSAIDs alone. In this case, there is insufficient documentation contraindicating the use of NSAIDs for the patient's current condition. The request for Tizanidine 2 mg #30 is not medically appropriate and necessary.