

<b>Case Number:</b>	CM15-0055993		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62-year-old female, who sustained an industrial injury on July 11, 2011. She reported right knee pain and left leg pain. The injured worker was diagnosed as having status post right knee surgeries, chronic post-operative pain of the right lower extremity and right common peroneal nerve palsy from a previous knee dislocation with foot drop. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the knee, conservative treatments, physical therapy, acupuncture, AFO brace for the right foot drop, medications and work restrictions. Currently, the injured worker complains of left leg pain and right knee pain. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on October 30, 2014, revealed continued pain. The plan included adjustments and renewals of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine Cap 2mg (2-8mg po q 8hrs) 12/Day:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

**Decision rationale:** MTUS generally recommends muscle relaxants only for short-term use. However, MTUS discusses the use of Tizanidine off-label as first-line treatment for low back pain or myofascial pain. In this case Tizanidine has been used for neuropathic pain due to a peroneal palsy with knee pain; however, the records do not discuss a rationale for Tizanidine as opposed to first-line medications for neuropathic pain. Therefore, this request is not medically necessary.