

<b>Case Number:</b>	CM15-0056323		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	02/11/2008
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	02/24/2015
<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: 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:

This 52 year old female sustained an industrial injury to the neck, back, bilateral shoulders and knee on 2/11/08. Recent treatment included right knee replacement (9/3/14), heat, ice, physical therapy and medications. In a PR-2 dated 2/17/15, the injured worker reported feeling better, planning to get her high school diploma and being ready to return to work. The injured worker complained of pain to the neck, bilateral shoulders, bilateral knees and low back, rated 5-7/10 on the visual analog scale. Physical exam was remarkable for positive bilateral impingement and Hawkin's tests, pain to acromial compression bilaterally and pain to bilateral knee joints. Current diagnoses included cervical spine sprain/strain, shoulder sprain/strain and knee derangement. The treatment plan included a transcutaneous electrical nerve stimulator unit trial, using a heating pad, a right neoprene knee brace, continuing home exercise and medications (Omeprazole, Tizanidine, Norco and Celebrex).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 8 mg #90:** Upheld

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

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

**Decision rationale:** The 53 year old patient is status post right total knee arthroplasty, as per progress report dated 02/19/15. The request is for Tizanidine 8 mg # 90. The most recent RFA available for this request is dated 05/20/14, and the patient's date of injury is 02/11/08. As per progress report dated 02/17/15, the patient complains of neck pain, bilateral shoulder pain, bilateral knee pain, and low back pain, rated at 5-7.5/10. Diagnoses included cervical strain, shoulder strain, and knee derangement. Medications included Tizanidine, Norco, Celebrex and Omeprazole. The patient has been allowed to work with restrictions, as per the same progress report. MTUS Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, a prescription for Tizanidine is first noted in progress report dated 02/18/14, and the patient has been using the muscle relaxant consistently at least since then. The treating physician, however, does not document an improvement in function or a reduction in pain due to Tizanidine use. MTUS guidelines page 60 require recording of pain and function when medications are used for chronic pain. Hence, the request for Tizanidine # 90 IS NOT medically necessary.