

<b>Case Number:</b>	CM15-0056916		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	05/29/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 34-year-old female, who sustained an industrial injury on 5/29/2009. The mechanism of injury is not indicated in the records. The injured worker was diagnosed as having status post lumbar fusion, lumbar disc degeneration, bilateral lumbar radiculopathy, spondylolisthesis, complex regional pain syndrome, bilateral leg weakness, and right sacroiliac joint dysfunction and pain. Treatment has included medications, and walking. A PR-2 dated 3/3/2015, indicates she was seen for right sided back pain, which she rates as 5-7/10 on a pain scale. She reports trying not to utilize opioid medications during the day because of her children. She indicates Topiramate is helpful to her for symptoms including hyper-algesia. She indicates Nuvigil is helping her to be more alert and function at a higher level. The treatment plan included Percocet, Topamax, water walking, Desyrel, and referral to a neurosurgeon. The request is for Tizanidine 4 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary last updated 02/23/2015 non-sedating muscle relaxants.

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

**Decision rationale:** The injured worker sustained a work related injury on 5/29/2009. The medical records provided indicate the diagnosis of status post lumbar fusion, lumbar disc degeneration, bilateral lumbar radiculopathy, spondylolisthesis, complex regional pain syndrome, bilateral leg weakness, and right sacroiliac joint dysfunction and pain. Treatments have included medications, and walking. The medical records provided for review do not indicate a medical necessity for Tizanidine 4mg, #60. Tizanidine is a muscle relaxant, dose as 4 mg initial dose; increased gradually by 2 - 4 mg every 6 - 8 hours until therapeutic effect to a maximum of 36 mg per day. Due to the risk of hepatotoxicity, the MTUS recommends periodic monitor of liver function test at baseline, 1, 3, and 6 months. The records indicate the injured worker complains of low back pain; examination revealed low back spasms. At the time of visit, the injured worker was being treated with Trazodone, Topomax and Oxycodone. The records also revealed the injured worker had at certain time in the past been treated with Cyclobenzprine and Soma as muscle relaxants. However, the injured worker was not on either of them at the time of visit, although previous utilization reviewer had warned for discontinuation of cyclobenzaprine since its use had exceeded the recommended 2-3 weeks, and due to lack of documentation of benefit. Considering the MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain, it may have been appropriate to use this different muscle relaxant for a short time during an acute exacerbation of the low back pain. However, there is no indication the injured workers baseline liver function test was done during the visit. Therefore, this request is not medically necessary.