

<b>Case Number:</b>	CM15-0060953		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	02/14/2000
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old male, who sustained an industrial injury on 2/14/2000. The injured worker was diagnosed as having pain in joint involving shoulder region, post laminectomy lumbar fusion and discectomy and lumbar or thoracic radiculopathy right leg. Treatment to date has included oral pain medications including opioids and muscle relaxants, facet joint injections. Currently, the injured worker complains of low back pain, which has improved since previous visit. Physical exam dated 3/19/15 revealed improved functioning with medications and right leg has improved with gabapentin. He also noted Tizanidine is the only muscle relaxant that has helped. The treatment plan consisted of refilling opioids including duragesic patch and oxycodone; and refilling gabapentin, Tizanidine, Lyrica, trazadone and a trial tegaderm patch over duragesic patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4 mg Qty 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

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

**Decision rationale:** The claimant is more than 15 years status post work-related injury and continues to be treated for chronic low back pain. Medications include Duragesic with poor adhesion and the claimant was using medical tape with variable results. Tizanidine is being prescribed on a long-term basis. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. Short-term use is recommended. In this case, Tizanidine is being prescribed on a long-term basis. It is therefore medically necessary.

**Tegaderm Patch Qty 30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Duragesic Prescribing Information.

**Decision rationale:** The claimant is more than 15 years status post work-related injury and continues to be treated for chronic low back pain. Medications include Duragesic with poor adhesion and the claimant was using medical tape with variable results. Tizanidine is being prescribed on a long-term basis. Poor adhesion of Duragesic is a recognized problem for some patients. Recommendations include covering the patch with a dressing such as Tegaderm. The request is therefore medically necessary.