

<b>Case Number:</b>	CM15-0087502		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Arizona, Texas  
 Certification(s)/Specialty: Internal 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 male, who sustained an industrial injury on May 2, 2012. The injured worker was diagnosed as having degeneration of cervical intervertebral disc, cervical region, closed head injury May 2, 2012, post-traumatic vertigo, post-traumatic headache, L5-S1 retrolisthesis 7mm, and intervertebral disc disorder with myelopathy. Treatment to date has included TENS and medication. Currently, the injured worker complains of intermittent neck pain that radiates to the occipital region, with muscle tightness in his neck. The Treating Physician's report dated February 4, 2015, noted the injured worker reported having had chest pressure pains approximately two to three months previously, without any shortness of breath or diaphoresis. Physical examination was noted to show moderate right ankle clonus, decreased muscle mass in the right upper extremity, and sustained clonus in the right lower extremity. The injured worker's current medications were listed as Amitriptyline HCL, Omeprazole, Baclofen, Flomax, Naproxen, and Percocet. The treatment plan was noted to include a urology consultation, continued use of TENS, and continued medications including Gabapentin, Elavil, Omeprazole, Baclofen, Flomax, Colace, Senokot, Naproxen, and Percocet, with need for labs, including CBC, liver panel, and metabolic panel. The Primary Treating Physician's report dated March 12, 2015, noted the injured worker reported his headaches were better, continuing on the same medications, including Divalproex, Miralax, Tramadol, and Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 64-66.

**Decision rationale:** According to the MTUS section on chronic pain muscle relaxants (such as tizanidine) are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. In most cases of LBP they show no benefit beyond NSAIDS in pain and overall improvement and offer multiple side effects including sedation and somnolence. Tizanidine is a centrally acting alpha-adrenergic agonist that is FDA approved for management of spasticity, unlabeled use for low back pain. Side effects include somnolence, hypotension and weakness. Sedation may be worse with patient's taking concurrent CNS depressants (such as klonopin). In this case the IW has been taking tizanidine for longer than the recommended amount of time. The continued use is not medically necessary due to the potential of adverse drug effects.