

<b>Case Number:</b>	CM14-0137718		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant was injured on 04/27/10. Omeprazole is under review. On 10/03/14, a provider's note states that lumbar laminectomy has been recommended but was denied. Several epidural injections did not help other than temporarily. He was using medications. He is status post remote fusion from L3-L5 that was solid and has adjacent level stenosis. He has been taking multiple medications for pain including Naprosyn and omeprazole. He has previously taken Zantac. He had a history of gastritis with anti-inflammatory medications as well as opioids and Zantac or omeprazole were extremely useful in decreasing his discomfort due to medication usage. There is a history of Gastroesophageal reflux disease (GERD). The omeprazole denial was appealed due to his medication induced gastritis. A utilization review indicates that omeprazole 20 mg was approved #30. Naprosyn was also recommended. On 08/12/14, he did report heartburn and acid reflux on a review of systems.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex (Tizanidine) 2mg, QTY: 60.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Formulary, tizanidine

**Decision rationale:** The history and documentation do not objectively support the request for tizanidine, dosage and frequency unknown, #60. The MTUS guidelines state for tizanidine, "muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. "Additionally, ODG states "recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. (Mens 2005) Muscle relaxers may be recommended for short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions."The medical documentation provided does not establish the need for the use of tizanidine for chronic low back symptoms. The medical records provided do not provide objective findings of acute spasm or a specific exacerbation of spasms. In this case, the claimant's pattern of use of medications, including trials of other first-line drugs including relief of symptoms and documentation of functional improvement or lack thereof, have not been described. It is not clear whether or not he has been involved in an ongoing exercise program. As such, this request for tizanidine is not medically necessary.