

<b>Case Number:</b>	CM14-0162798		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	08/18/2003
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Neurology 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 Injured Worker (IW) is a 54 year-old male with a date of injury noted as 8/18/2003. The mechanism of injury is stated that while working as a construction employee the IW injured his low back when carrying a piano on his back. Medical records provided indicate that the injury is permanent and stationary as of 8/9/2004. Current pain complaints are to his low back and lower thoracic spine, noted most recently as 8 out of 10 on pain severity scale where 10 is the greatest (Progress Report dated 6/27/2014). Also of note are the IW's intermittent abdominal pain and cramping symptoms: medical histories note that the IW has had multiple surgeries for diverticulitis and has a wire mesh implant to hold his abdominal wall in place. It is noted that scar tissue contributes to the IW abdominal pain complaints and limits his range-of-motion (Physical Therapist Progress Note dated 3/13/2014). The IW denies constipation. In the most recent physical exam (Primary Treating Physician's Progress Report dated 7/29/2014), objective findings are spasms noted in the thoracic paraspinal and lumbar paraspinal muscles and dysesthesia to light touch in the right mid and lower thoracic paraspinal muscles. Tenderness is noted in the lumbar facet joints. An antalgic gait on the right is noted, and bilateral lower extremity motor strength is reported as 5/5. Progress notes dating from 4/9/2014 and thereafter indicate that the IW is being treated with medications including: hydrocodone 10/325 mg every six-hours, Tizanidine 4mg every 12 hours, dicyclomine 20 mg twice daily as needed (for abdominal symptoms); and omeprazole 20 mg once daily. A request for Tizanidine 4 mg every 12 hours in the quantity of 60 with three refills was submitted and subsequently non-certified in a Utilization Review (UR) dated 9/26/2014. That UR notes that the IW's use of Tizanidine dates back to at least September 2013, based on the records which were provided for that review. No reports dated prior to 3/13/2014 were provided for this review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg every 12 hours #60 with 3 refills:** Upheld

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

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

**Decision rationale:** Tizanidine is a muscle relaxant which acts centrally as an alpha2-adrenergic agonist, used to manage spasmodic/spasticity complaints. The MTUS indicates that such muscle-relaxants are recommended with caution and then only as a second-line option for the short-term treatment of acute exacerbations in those with chronic low back complaints. While they may be effective in reducing muscle tension and pain symptoms, they generally provide no greater benefit to pain improvement than non-steroidal anti-inflammatories. Further, their efficacy has been shown to diminish over time, and in some cases, dependency may develop with their prolonged use. As this IW has been using Tizanidine chronically since at least 4/9/2014, and with indications that it has been prescribed for well more than a year prior, it is not medically recommended to continue its use. The requested prescription calls for dosing twice daily for thirty-days (qty#60) with three additional refills which indicates chronic, daily use not a short-term treatment for acute exacerbations of the IW back complaints.