

<b>Case Number:</b>	CM14-0162976		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/10/1999
<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 Physical Medicine and Rehabilitation 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 is a 57-year-old male with an original industrial injury on May 10, 1999. The injured worker's diagnoses include chronic low back pain, lumbar degenerative disc disease, and lumbar radiculitis. Conservative treatments to date have included physical therapy, Nsaid's, and Tylenol. The patient is on chronic narcotic pain medications including Norco and Fentanyl patch. The patient had previously failed Flexeril and was switched to Zanaflex. The disputed request is for to Tizanidine 4 mg. This was modified by a utilization reviewer who recommended decreasing from the originally requested 60 tablets to only 30 tablets. The rationale for this modification was that this medication is "best used on an intermittent basis and on an as needed basis rather than a continuous schedule."

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Tizanidine specifically is FDA approved for management of spasticity; unlabeled use for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is documentation that the patient is on Flexeril in progress notes from January through June 2014. There is no specific description of a treatment plan which calls for a change from Flexeril to Zanaflex. According to the guidelines, there should also be live or function test monitoring done at baseline with initiation of this medication. In the absence of such documentation, the currently requested Tizanidine (Zanaflex) is not medically necessary.