

<b>Case Number:</b>	CM14-0162992		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/29/2014
<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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 49 year old male who sustained an industrial injury on 02/02/10 due to repetitive use of his upper extremities. His history was significant for bilateral carpal tunnel release, bilateral lateral epicondylar release, bilateral cervical radiculopathy, insomnia, sexual dysfunction and depression/anxiety. His note from 09/18/14 was reviewed. His symptoms included neck pain, bilateral upper extremity pain and bilateral wrist pain. His pain was 8/10 without medications and 2/10 with medications. His quality of sleep was poor. He was able to do more during the day with medications. He was unable to fill Percocet and Flexeril the previous month. His medications were Trazodone, Lyrica, Flexeril, Nexium, Colace, Percocet, Senakot, Cymbalta and Duloxetine. His pertinent examination findings included restricted range of motion of cervical spine, tenderness of bilateral cervical paraspinal muscles, restricted range of motion of lumbar spine and spasm of lumbar paraspinal muscles. Diagnoses included cervical radiculopathy, entrapment neuropathy of upper limb, carpal tunnel syndrome, shoulder pain, lateral epicondylitis and wrist pain. The request was for Zanaflex instead of Flexeril as it was denied. He reported decreased myofascial tension and spastic pain with use of medications which alleviate flared pain. According to MTUS, Chronic Pain medical Treatment Guidelines, muscle relaxants are recommended for short term treatment of pain and muscle spasms. Under the specific topic of Zanaflex or Tizanidine, there is no such restriction. It is recommended for spasms and unlabeled use for low back pain. The treating physician reports improvement with muscle relaxants and Zanaflex was being prescribed for the first time. Hence the request for Tizanidine or Zanaflex is medically necessary and appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants

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

**Decision rationale:** The employee was a 49 year old male who sustained an industrial injury on 02/02/10 due to repetitive use of his upper extremities. His history was significant for bilateral carpal tunnel release, bilateral lateral epicondylar release, bilateral cervical radiculopathy, insomnia, sexual dysfunction and depression/anxiety. His note from 09/18/14 was reviewed. His symptoms included neck pain, bilateral upper extremity pain and bilateral wrist pain. His pain was 8/10 without medications and 2/10 with medications. His quality of sleep was poor. He was able to do more during the day with medications. He was unable to fill Percocet and Flexeril the previous month. His medications were Trazodone, Lyrica, Flexeril, Nexium, Colace, Percocet, Senakot, Cymbalta and Duloxetine. His pertinent examination findings included restricted range of motion of cervical spine, tenderness of bilateral cervical paraspinal muscles, restricted range of motion of lumbar spine and spasm of lumbar paraspinal muscles. Diagnoses included cervical radiculopathy, entrapment neuropathy of upper limb, carpal tunnel syndrome, shoulder pain, lateral epicondylitis and wrist pain. The request was for Zanaflex instead of Flexeril as it was denied. He reported decreased myofascial tension and spastic pain with use of medications which alleviate flared pain. According to MTUS, Chronic Pain medical Treatment Guidelines, muscle relaxants are recommended for short term treatment of pain and muscle spasms. Under the specific topic of Zanaflex or Tizanidine, there is no such restriction. It is recommended for spasms and unlabeled use for low back pain. The treating physician reports improvement with muscle relaxants and Zanaflex was being prescribed for the first time. Hence the request for Tizanidine or Zanaflex is medically necessary and appropriate.