

<b>Case Number:</b>	CM14-0085218		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/27/2010
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Nevada. 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 44-year-old female who was reportedly injured on August 27, 2010. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 8, 2014, which is hand written and difficult to read, indicates that there are ongoing complaints of headaches with blurry vision. Current medications include hydrocodone 10/325. The physical examination demonstrated a normal neurological examination. Diagnostic imaging studies were obtained but these reports are not included. Previous treatment includes oral medications. A request was made for tizanidine and was not certified in the pre-authorization process on June 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** Tizanidine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the

short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note dated April 8, 2014 and notes prior, the injured worker does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for tizanidine is not medically necessary.