

<b>Case Number:</b>	CM14-0093663		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Illinois. 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 56-year-old female who reported injury on 10/16/2012, reportedly while she was working at the dry cleaner; she was pushing a cart, and her foot got caught on a rubber mat that was on the floor, causing her to trip and fall into the computer station. The injured worker sustained injuries to her lumbosacral area of the back, right leg, right hip, right shoulder, and cervical neck pain. The injured worker's treatment history included MRI studies, medications, TENS unit, epidural steroid injections, physical medicine, and X-rays. The injured worker was evaluated on 05/09/2014, and it was documented that the injured worker complained of ongoing neck, right shoulder, and low back pain which radiated into the right leg. The pain was rated at 4/10 with the use of medication and without the use of medication it was elevated to a 10/10, which completely restricted her from doing any daily activities, aside from sitting, reclining, and lying in the bed. With medication, she was able to get up and do light house work, some light gardening and short walking. Objective findings revealed cervical and lumbar musculature which was tensed with myospasms primarily in the right lumbar area. The injured worker had decreased range of motion in the lumbar spine. There was tenderness in the right shoulder with full range of motion. Medications included Percocet 5/325 mg, tizanidine 4 mg, and Elavil 50 mg. Diagnoses included cervical and lumbar myofascial, cervical lumbar intervertebral disc disease, and cervical and lumbar radiculitis. In the documentation provided the injured worker stated she had good pain relief using tizanidine 4 mg. Request for Authorization dated 05/09/2014 was for tizanidine 4 mg. The rationale for the medication was the injured worker had good pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE 4MG, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The requested is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (low back pain). The documents submitted on 05/09/2014 state the medications are beneficial to the injured worker; however, there was lack of documentation of long-term functional improvement for the injured worker. There is lack of evidence provided that the injured worker received conservative care such as, physical therapy and pain medication management. Furthermore, the request lacked frequency and duration of the medication. In addition, the guidelines do not recommend Tizanidine to be used for long-term-use. Given the above, the request for Tizanidine 4mg, #30 is not medically necessary.