

<b>Case Number:</b>	CM14-0211576		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	07/01/2001
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Illinois

Certification(s)/Specialty: Internal Medicine

### 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 55-year-old male who reported an injury on 07/01/2001. The mechanism of injury was not clearly provided. The injured worker's diagnoses included postlaminectomy pain syndrome, morbid obesity, cervical spondylosis, thoracic spondylosis, and hiatal hernia. The injured worker's past medical treatment included physical therapy and medications. The injured worker's diagnostic testing included an MRI of the lumbar spine with and without contrast, performed on 09/09/2004, which was noted to reveal postoperative spine with intervertebral body spacers and posterior fixation hardware from L3-S1. At some of these postoperative levels, there were endplate osteophytes and small amounts of residual disc material. At L2-3, there was a 2 mm disc bulge with disc desiccation at L1-2, a 1 mm disc bulge; and at T11-12, a centrally prominent 2 mm disc bulge. The injured worker's surgical history included an anterior spinal discectomy from L3-4, L4-5, and L5-S1; anterior spinal fusion L3-4, L4-5, and L5-S1 on 01/19/2004. On 01/19/2004, the patient was also noted to have undergone a posterior spinal decompression at L3-S1; laminectomies with full laminectomy at L4, L5, and partial laminectomy at L3 and S1 as well as L2; partial medial facetectomies at L3-S1 as well as L2 on the right side. Foraminotomies at L3-S1 bilaterally, as well as L2 on the right side; posterior disc fusion L3-S1; and segmental instrumentation with pedicle screws and rod construct, L3-S1 were noted. The most current submitted clinical note was dated 10/06/2014; the injured worker was on a stable dose of Nucynta, which he found extremely helpful as well as with increased function. Upon physical examination, the injured worker was noted with persistent cervical and lumbar spine tenderness. He remained morbidly obese. The injured

worker's medications included tizanidine 4 mg, Celebrex 200 mg, and Nucynta ER 150 mg. The request was for tizanidine 4 mg #60. The rationale for the request was not clearly provided. The Request for Authorization form was not signed and submitted for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prospective request for 1 prescription of Tizanidine 4mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs Page(s): 66.

**Decision rationale:** The request for prospective request for 1 prescription of tizanidine 4 mg #60 is not medically necessary. According to the California MTUS Guidelines, tizanidine is FDA approved for management of spasticity. It has unlabeled use for low back pain. Side effects for the medications include hepatotoxicity; liver function tests should be monitored at baseline, 1, 3, and 6 months. Muscle relaxants should be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The documentation indicates the injured worker has been using tizanidine since at least 09/2011. The documentation did not provide sufficient evidence of a complete and thorough pain assessment (to include a current quantified pain, the least reported pain over the period since last assessment, the intensity of pain after taking the medication, and long pain relief lasts). The documentation did not provide sufficient evidence of significant objective functional improvement as a result of the medication. In the absence of documentation with sufficient evidence of a complete and thorough pain assessment, documented evidence of significant objective functional improvement as a result of the medication, and as the guidelines do not support chronic use of the medication, the request is not supported. Additionally, as the request was written, there was no frequency provided. As such, the request is not medically necessary.