

<b>Case Number:</b>	CM14-0215547		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	07/17/2002
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 62-year-old woman with a date of injury of 07/17/2002. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 11/11/2014 and 11/17/2014 indicated the worker was experiencing neck pain, pain in the shoulder and arm, pain in the face, anxious and depressed mood, right arm tremor, decreased sleep, nausea, constipation, limb weakness and numbness, and decreased memory. The examination documented in the 11/17/2014 note described mild to moderate distress, increased sensation in the right shoulder, and mildly decreased grip in both hands; the examination documented in the 11/11/2014 note included only vital signs. The submitted and reviewed documentation concluded the worker was suffering from chronic regional pain syndrome and ulnar neuropathy involving both arms and migraines. Treatment recommendations included medications and follow up care. A Utilization Review decision was rendered on 11/21/2014 recommending non-certification for thirty tablets of tizanidine 2mg. Treating physician notes dated 12/02/2014 and 12/15/2014 were also reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 2mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60; 66.

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

**Decision rationale:** Tizanidine is a medication in the antispasmodic class of muscle relaxants. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation concluded the worker was suffering from chronic regional pain syndrome and ulnar neuropathy involving both arms and migraines. These records suggested the worker had been taking this medication for at least a month. There were no discussions exploring potential negative side effects, describing improved pain or function due to the use of tizanidine, or detailing special circumstances that sufficiently supported the continued use of this medication. Further, the worker was experiencing anxious mood, which has been reported in the literature with long-term use of muscle relaxants. For these reasons, the current request for thirty tablets of tizanidine 2mg is not medically necessary.