

<b>Case Number:</b>	CM14-0215995		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	09/11/2000
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/16/2014
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 66 year old male injured worker suffered and industrial injury on 9/11/2000. The details of the accident, injuries and subsequent treatment were not included in the documentation submitted. The current diagnoses included post laminectomy syndrome with radiculopathy of bilateral lower extremities along with numbness and burning in bilateral feet. Also included were spasms in the left thigh and lumbar radiculopathy. On 11/17/2014 the provider documented the injured worker reported the baclofen helped the spasms of the left thigh. The injured worker also takes hydrocodone/ibuprofen, gabapentin, amitriptyline, tizanidine and Lidoderm patches. The injured worker reported the medications regime maintains the pain level at 5/10 and can become severe at times where it limited physical activities. The exam revealed a gait impairment with multiple trigger points in the lumbar spine. The UR decision on 12/16/2014 denied tizanidine as it did not support chronic use of muscle relaxants and there was no documentation of objective benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tizanidine 4mg between 11/17/2014 and 2/7/2015.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Muscle relaxants Page(s): 63-66.

**Decision rationale:** This patient presents with low back pain with radiation to both lower extremities. The current request is for 1 PRESCRIPTON OF TIZANIDINE 4MG BETWEEN 11/17/14 AND 2/7/15. MTUS Chronic Pain Medical Treatment Guidelines under the topic: Muscle Relaxants for pain, on page 66 under ANTISPASTICITY/ANTISPASMODIC DRUGS for Tizanidine states this medication has FDA approval for spasticity and unlabeled use for low back pain, and notes it has been considered as a first-line option to treat myofascial pain and beneficial for fibromyalgia. When using Tizanidine, the guidelines recommend checking liver function at baseline 1, 3, and 6 months out. The majority of muscle relaxants listed under the MTUS guidelines are for short-term use. The MTUS section specifically for Tizanidine states it can be used for low back pain, myofascial pain and fibromyalgia. The patient has been utilizing this medication since March of 2014. Since the physician reports functional improvement and decrease in pain, without side effects, the use of Tizanidine appears to be in accordance with the MTUS recommendations. The request for Tizanidine IS medically necessary.