

<b>Case Number:</b>	CM14-0037570		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/19/2003
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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, has a subspecialty in Pain Management and is licensed to practice in California. 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 patient is a 59 year old male with an injury date of 03/19/03. Based on the 01/31/14 progress report, the patient complains of persistent pain in the thoracolumbar spine. He has radiating pain from his thoracic spine around the right and left flanks, to the midline of his abdomen and chest. He has radiating from the lumbar spine through the anterior and lateral thighs as well as buttocks, posterior thighs, calves, and into the plantar and dorsal aspects of both feet. There is stiffness, decreased range of motion, and muscle spasms of his thoracic and lumbar spines. Sensation is decreased to light touch along the L3 and L5 distributions bilaterally. Straight leg raise was positive in the sitting position (no side indicated). There is tenderness of the entire lumbar spine and thoracic junction. Both the right sciatic joint and left sacroiliac joint remain tender. There is spasm of the lumbar paraspinal musculature. The 02/17/14 report states that the patient has poor quality of sleep and "The patient is assisted by powered cart and patient is sitting in scooter with cane. On inspection of the lumbar spine reveals patient is wearing an old TLSO brace. On palpation, paravertebral muscles, spasm, tenderness and tight muscle band is noted on both the sides. Patient can't walk on heel, can't walk on toes." The patient's diagnoses includes the following: 1.Post lumbar laminectomy syndrome 2.Post cervical lam. Syndrome 3.Low back pain 4.Mood disorder other dis The utilization review determination being challenged is dated 03/24/14. Treatment reports were provided from 09/23/13- 02/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine Tablet 4 mg. # 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, Medications for chronic pain Page(s): 66, 60-61.

**Decision rationale:** According to the 01/31/14 report, the patient presents with persistent pain in the thoracolumbar spine. The request is for Tizanidine tablet 4 mg #120. The patient has been taking Tizanidine as early as 09/23/13. MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. The patient's diagnoses dated 02/17/14 includes low back pain and post lumbar laminectomy syndrome. However, the provider does not discuss efficacy. There is no discussion as to how this medication has been helpful with pain and function, as required by MTUS page 60. Recommendation is for denial.