

<b>Case Number:</b>	CM14-0072588		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/27/2001
<b>Decision Date:</b>	06/03/2015	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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: New York  
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 54 year old male who sustained an industrial injury on January 27, 2001. Previous treatment includes medications and spinal infusion pump. Currently the injured worker complains of low back pain which he describes as sharp, burning, shooting and aching. He reports radiation of pain the bilateral upper extremities. Diagnoses associated with the request include lumbar or thoracic radiculopathy, cellulitis and abscess of the leg and RSD of the lower extremities. The treatment plan includes Norco, Tizanidine, Paxil and Metoprolol.

### 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 #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic drugs.

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

**Decision rationale:** Zanaflex (Tizanidine) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case, the patient has been maintained on Zanaflex since 7/11 with no reported increased benefit from its use. The guideline criteria do not support the long-term use of muscle relaxants. Medical necessity for the requested medication has not been established. Zanaflex is not medically necessary.

**1 prescription of Metoprolol 25mg #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Luehr D, Wooley T, Burke R, Dohmen F, Hayes R, Johnson M, Kerandi H, Margolis K, Marshall M, O'Connor P, Pereira C, Reddy G, Schlichte A, Schoenleber M. Hypertension diagnosis and treatment. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2012 Nov. 67p.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014- Metoprolol.

**Decision rationale:** Metoprolol marketed under the trade name Lopressor among others, is a selective 1 receptor blocker medication. It is used to treat hypertension, coronary artery disease, and cardiac arrhythmias. It is also used to prevent further heart problems after myocardial infarction and to prevent headaches in those with migraines. In this case the claimant has hypertension and his most recent reported blood pressure was 151/100. He needs to continue Metoprolol therapy and will require additional medical therapy for optimal blood pressure control. Medical necessity for the requested medication is established. The requested medication is medically necessary.