

<b>Case Number:</b>	CM15-0015552		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	02/01/2002
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 59 year old male sustained a work related injury on 02/01/2002. According to a progress report dated 01/06/2015, the injured worker was seen for left low back pain radiating to the left buttock, left lateral thigh and left lateral calf. Current medications included Norco, Ibuprofen and Tizanidine. The physical exam revealed lumbar muscle spasms. Impression/Differential Diagnosis included left L5 and left S1 radiculopathy with left lower extremity weakness, left lumbar disc protrusion at L5-S1, lumbar stenosis, status post left L5-S1 discectomy and lumbar post laminectomy syndrome. A prescription for Tizanidine was given to the injured worker for muscle spasms. There were no more progress reports following the date of this one to indicate the efficacy of this medication. On 01/21/2015, Utilization Review modified Tizanidine 4mg 330 x 2 refills. According to the Utilization Review physician, Tizanidine was warranted. The medication efficacy should be evaluated at the next follow up before refilling. CA MTUS Chronic Pain Medical Treatment Guidelines were cited. The decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg 330 x 2 refills:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Tizanidine for at least more than 4 months, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Therefore, the request for Tizanidine 4mg 330, x2 Refills is not medically necessary.