

<b>Case Number:</b>	CM15-0018184		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	02/02/2012
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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:

The injured worker is a 50-year-old female, who sustained an industrial injury on 2/02/2012. The mechanism of injury was not noted. The diagnoses have included stiff shoulder syndrome bilaterally, inflammatory process of the left shoulder, left wrist, left knee, and left ankle, and cephalgia. Treatment to date has included conservative treatments. Currently, the injured worker complains of moderate left shoulder pain, left knee pain, as well as headaches and left eye pain. Tenderness and decreased range of motion was noted to the left shoulder and the left knee. Recent radiographic findings were not referenced. Medications and transdermal creams were noted to help with pain and activities of daily living. The injured worker sustained no new injuries and was not working. On 1/09/2015, Utilization Review modified a request for Tizanidine HCL 4mg #60, to Tizanidine HCL 4mg #30 for weaning. The MTUS Chronic Pain Medical Treatment Guidelines was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4mg, quantity: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) and Opioids Page(s): 63-66 and 78.

**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. Tizanidine was used in this patient without clear evidence of spasm or objective monitoring of the drug effect on the patient condition. The patient in this case does not have clear evidence of spasm and the prolonged use of Tizanidine HCL 4 mg is not justified. Therefore, the request for Tizanidine Hcl 4mg is not medically necessary.