

<b>Case Number:</b>	CM15-0110577		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	06/28/2010
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: California, Indiana, 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 41 year old female, who sustained an industrial injury on 6/28/2010. The mechanism of injury was not noted. The injured worker was diagnosed as having status post fluoroscopically guided right L4-L5 and L5-S1 facet joint radiofrequency nerve ablation, right lumbar facet joint pain, lumbar facet joint arthropathy, lumbar disc protrusion at L5-S1 (1-2mm) with mild bilateral neural foraminal stenosis, bilateral lumbar facet joint hypertrophy with facet joint effusion at L3-L4 and L5-S1, and lumbar sprain/strain. Treatment to date has included diagnostics, facet joint radiofrequency nerve ablation, and medications. Currently (4/16/2015), the injured worker complains of low back pain, with radiation to the right buttock. She ran out of Percocet since 4/09/2015, due to taking more than prescribed, secondary to increased axial low back pain. She was previously authorized for repeat fluoroscopically guided right L4-L5 and L5-S1 facet joint radiofrequency nerve ablation. This was documented as cancelled and rescheduled for 5/07/2015. Current medication use included Percocet and Tizanidine. Prior medications included Soma. She was working full time, modified duty. Physical exam noted restricted lumbar range of motion, tenderness to palpation of the right lumbar paraspinal muscles overlying the L3-L5 and sacroiliac facet joints, and positive lumbar facet joint provocative maneuvers. Muscle strength was 5/5 in the lower extremities and sensation was intact. It was documented that pain contract was up to date and previous urine toxicology was consistent. Her Percocet provided 85% decrease in pain and 85% improvement of activities of daily living. Tizanidine was documented to provide additional 2-3 hours of uninterrupted sleep per night and 100% relief

of spasms and 100% improvement of activities of daily living. The use of Tizanidine was noted since at least 10/2014. The treatment plan included medication refills. Urine toxicology reports were not submitted.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tizanidine 2mg 30 tablets with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 2mg #30 with 1 refill is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are status post right L4- L5 and L5 -S1 radio frequency ablation; right lumbar facet joint pain at the L4 -L5 and L5 -S1 diagnosed by fluoroscopic guided facet joint medial branch blocks; lumbar facet joint arthropathy; lumbar disc protrusion L5- S1; bilateral lumbar facet joint hypertrophy with facet effusion at L3- L4 and L5- S1; and lumbar sprain strain. The date of injury is June 20, 2010. The earliest progress note in the medical record shows the treating provider prescribed Tizanidine 2 mg with one refill as far back as October 21, 2014. Additional medications include Percocet 10/325 mg. The most recent progress note in the medical record dated April 16, 2015. The injured worker is still taking Tizanidine 2 mg. There is no documentation demonstrating objective functional improvement to support ongoing Tizanidine. Subjectively, according to the April 16, 2015 progress note, the worker complains of low back pain that radiates to the right lower extremity. Objectively, there is tenderness to palpation over the lumbar paraspinal muscle groups, but no documentation of spasm. Additionally, Tizanidine 2 mg is indicated for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of an acute exacerbation of chronic low back pain. There is no documentation of an acute exacerbation of chronic low back pain. The treating provider exceeded the recommended guidelines for short-term use (less than two weeks) by continuing Tizanidine in excess of 18 months. Consequently, absent clinical documentation demonstrating objective functional improvement, clinical objective evidence of spasm, documentation of an acute exacerbation of chronic low back pain and continued treatment for greater than 18 months (guideline recommendations less than two weeks), Tizanidine 2mg #30 with 1 refill is not medically necessary.