

<b>Case Number:</b>	CM15-0111519		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 male patient who sustained an industrial injury on 08/02/2012. The patient was employed as a builder encountering standing, bending, walking, squatting, sitting and a maximum lifting of 50 pounds. A follow up visit dated 11/17/2014 reported the patient with chronic back pain. The pain pattern is across the lower back and radiates down both buttocks. He did receive an epidural injection in 09/2014 which did not help. Later that month he experienced an acute exacerbation of pain with an emergency room visit noted. He has been taking Norco 10/325mg 6 tabs daily; tolerating Gabapentin 600mg TID, and Nortriptyline. He also takes Tizanidine as needed for spasm. The patient has completed a course of post-operative therapy treating the back not the elbow and back working. Prescribed medications are: Lidoderm %5 patches, Norco 10/325mg, Soma, Gabapentin, Nortriptyline, and Tizanidine. The patient did receive an epidural injection 02/2015 which provided a significant benefit. Aqua therapy was recommended but not authorized. He has been walking daily for an hour and has had a 40 pound weight reduction. He is working modified work duty and pending surgical intervention. He has undergone elbow surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 6 MG #180 with 11 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Medications for chronic pain Page(s): 63-66, 60.

**Decision rationale:** Based on the 06/01/15 progress report provided by treating physician, the patient presents with low back pain rated 6/10. The request is for TIZANIDINE 6 MG #180 WITH 11 REFILLS. Patient's diagnosis per RFA's dated 01/12/15 and 05/27/15 included myofascial pain, chronic low back pain, lumbar radiculopathy, and lumbar degenerative disc disease. Physical examination on 05/27/15 revealed gait, range of motion and strength to be normal. Tenderness noted along lower lumbar with spasms. Treatment to date included imaging studies, epidural injections and medications. Patient's medications include Lidoderm patches, Norco, Soma, Gabapentin, Nortriptyline, and Tizanidine. The patient is working, per 06/01/15 report. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Tizanidine has been included in patient's medications, per progress reports dated 10/20/14, 04/07/15 and 06/01/15. It is not known when Tizanidine has been initiated. Per 06/01/15 report, treater states the patient continues to take Tizanidine "helps sleep as well as myofascial pain." Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. In this case, the patient is working, and the request to continue Tizanidine may be indicated. However, the treater does not document why the patient requires such a high dose, how it is being used on daily basis and with what specific effect. The 11 refills request is also excessive. MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. The request IS NOT medically necessary.