

<b>Case Number:</b>	CM15-0113158		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	01/19/2015
<b>Decision Date:</b>	07/22/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 39-year-old who has filed a claim for neck pain, shoulder pain, low back pain, foot pain, and headaches reportedly associated with an industrial injury of January 19, 2015. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for tizanidine. The claims administrator referenced a progress note and/or associated RFA form of May 6, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated May 28, 2015, the applicant reported multifocal complaints of bilateral shoulder, right wrist, and right elbow pain with derivative complaints of headaches. The applicant was off of work, on total temporary disability, it was acknowledged. The applicant had not worked since the date of injury, January 19, 2015, it was acknowledged, and was, in fact, represented. The applicant reported difficulty performing activities of daily living as basic as dressing, undressing, bathing, and showering. Other activities of daily living to include standing, walking, sitting, bending, stooping, lifting, and carrying remained problematic, it was stated. 6-9/10 multifocal pain complaints were reported. The applicant was reportedly using naproxen and tizanidine on this date, it was acknowledged. A 30-tablet, two-refill supply of tizanidine was refilled, without seeming discussion of medication efficacy. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg, quantity: 30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasticity/Anti-spasmodic Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Tizanidine (Zanaflex, generic available) Page(s): 7; 66.

**Decision rationale:** No, the request for tizanidine, an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA-approved in the management of spasticity but can be employed off label for low back pain, myofascial pain, and/or fibromyalgia, in this case, however, there was no mention of the applicant's having issues with low back pain, myofascial pain syndrome, and/or fibromyalgia present on or around the date in question, May 28, 2015. Rather, it appeared that the applicant's primary pain generators were the bilateral shoulders, right elbow, and right wrist. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, it did not appear that ongoing usage of tizanidine was proving particularly profitable. The applicant remained off of work, on total temporary disability, as of a May 28, 2015 progress note referenced above. The applicant continued to report severe, multifocal pain complaints as high as 6-9/10, it was suggested on that date. The applicant also reported difficulty performing activities of daily living as basic as dressing himself, bathing, showering, lifting, carrying, pushing, pulling, kneeling, and squatting, it was further noted on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.