

<b>Case Number:</b>	CM15-0118227		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	02/21/2011
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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, Alabama, 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 41 year old male, who sustained an industrial injury on 02/21/2011 secondary to a fall. On provider visit dated 06/01/2015 the injured worker has reported left knee pain, shoulder and spine pain, thoracic lumbar and upper back pain and neck pain. On examination of the back revealed tenderness to mid back spine paravertebral muscle lumbosacral region cervical para vertebral, range of motion was decreased. In addition, left knee was noted to have a decreased range of motion, swelling and tenderness was noted as well. Neck rotation and shoulder raise on the right was noted as painful. The diagnoses have included cervical sprain, thoracolumbar sprain with multilevel facet arthropathy, disc extrusion and sprain, lumbosacral sprain, right shoulder sprain with probable internal derangement and chronic pain with secondary severe depression and feeling of hopelessness. Treatment to date has included medication: Tizanidine, Hydrocodone-Acetaminophen, Oxycodone- Acetaminophen, and Docusate Sodium. The injured worker was noted not be working. The provider requested Tizanidine HCL 4mg #90 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4mg #90 with 2 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 Page(s): 63.

**Decision rationale:** According to MTUS guidelines, non sedating muscle relaxants 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. 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 Hcl 4mg #90 with 2 refills is not medically necessary.