

<b>Case Number:</b>	CM15-0124041		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	08/14/2003
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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 50 year old male patient who sustained an industrial injury on 08/14/2003. A primary treating office visit dated 05/26/2015 reported subjective complaint of having pain from left shoulder to the wrist. He did undergo orthopedic consultation with recommendation to undergo exploratory left shoulder surgery, and he is pending a second opinion. Physical therapy noted discontinued due to possibly aggravating the shoulder. He states the Tizanidine helping with the spasms, and with sleeping. The following diagnoses were applied: disorder of the shoulder; cervical post-laminectomy syndrome; cervical pain syndrome; chronic pain syndrome; lumbar post-laminectomy syndrome; and work related accident. He is prescribed the following medications: OxyContin, Oxycodone, Lorazepam, and Tizanidine. There was discussion regarding tapering down from medications; however, with possible impending surgery and increased persistent pain this is not the time to suggest weaning from medications. A visit dated 04/28/2015 reported the patient ill with a sinus infection that aggravates his neck pain and had increased the left arm pain. The patient is noted with allergy to: Celebrex, Lyrica, morphine, NSAIDs, and Vicodin. The patient has continued participating in physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4 mg #90:** 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.

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Tizanidine for at least more than 4 months, which is considered a prolonged use of the drug. 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 4mg #90 is not medically necessary.