

<b>Case Number:</b>	CM15-0124531		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	08/11/2009
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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 York

Certification(s)/Specialty: Pediatrics, 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 60 year old, male who sustained a work related injury on 8/11/09. The diagnoses have included lumbar postlaminectomy syndrome, psychogenic pain, sciatica, lumbago, chronic pain and long-term use of medications. Treatments have included medications, TENS unit therapy, ice therapy, completion of a functional restoration program, lumbar spine surgery and home exercises. In the Visit Note dated 5/20/15, the injured worker complains of low back pain. He has right leg pain that has been "tolerable" since back surgery in 9/2010. He is sleeping better with the use of Ambien. He has significant pain relief with the use of Methadone. He is able to walk further distances, perform activities of daily living and function at a higher level with the use of medications. He has spasm and guarding in lumbar spine. He is not working. The treatment plan includes prescription for medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL (hydrochloride) 4 mg Qty 60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex); Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Tizanidine Page(s): 63-66, 111.

**Decision rationale:** Per CA MTUS guidelines, tizanidine (Zanaflex) is a muscle relaxant used "as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. "However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." "Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." "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. Eight studies have demonstrated efficacy for low back pain." It is noted that he has been taking tizanidine since 7/2/12. In the Visit Note dated 4/21/15, he stated he would like to reduce his tizanidine usage. Since tizanidine is for short-term use in exacerbations of low back pain and his long-term use of this medication, the requested treatment of Tizanidine is not medically necessary.