

<b>Case Number:</b>	CM15-0173257		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	01/09/2004
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 42 year old male, who sustained an industrial injury on 1-9-2004. The injured worker was diagnosed as having abdominal pain, nausea, vomiting, diarrhea, chest discomfort. The request for authorization is for: Tizanidine HCL 4mg #150. The UR dated 8-19-2015: non-certified Tizanidine HCL 4mg #150. The records indicate he has been taking Tizanidine since at least December 2014, possibly longer. On 7-20-2015, he reported abdominal pain that was near his umbilicus. He indicated it was due to an abdominal hernia. He reported having had multiple abdominal surgeries and having run out of pain medication. His abdomen is noted to be soft and non-distended with multiple scars. The provider noted there was a palpable ventral defect, which was non-tender. On 8-8-2015, he reported abdominal pain. He is reported to have a history of gastric bypass x2, drug seeking behavior, depression, suicidal ideation, and hernia repair. He was seen in the emergency department on this date. He indicated the abdominal pain to be all over the abdomen, worse on the right upper and right lower quadrants. He reported taking Hydrocodone. He indicated he had been having shortness of breath and chest discomfort for approximately 2 weeks duration, possibly longer. Current medications are listed as: Quetiapine, Tradodone, Invega, Diazepam, Tegretol, Venlafaxine, and Tizanidine HCL. Physical findings revealed a flat, soft and non-distended abdomen, epigastric tenderness with pain noted throughout all 4 quadrants. The treatment and diagnostic testing to date has included: lab work (8-8-2015), CT abdomen and pelvis (8-8-2015), and medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine HCL 4mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 2004. He was seen in the emergency room and was having abdominal pain attributed to an abdominal hernia. He had undergone multiple abdominal surgeries and had run out of pain medication. Physical examination findings included epigastric tenderness and pain throughout the abdominal quadrants without guarding or rebound. Active medications include tizanidine being prescribed on a long-term basis. Zanaflex (tizanidine) is a centrally acting alpha 2- adrenergic agonist that is FDA approved for the management of spasticity and prescribed off- label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.