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| <b>Case Number:</b>   | CM15-0178753 |                              |            |
| <b>Date Assigned:</b> | 09/21/2015   | <b>Date of Injury:</b>       | 09/09/2013 |
| <b>Decision Date:</b> | 10/29/2015   | <b>UR Denial Date:</b>       | 08/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2015 |

### 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 [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 9, 2013. In a Utilization Review report dated August 19, 2015, the claims administrator partially approved a request for Tizanidine, reportedly for weaning or tapering purposes. An August 7, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said August 7, 2015 progress note, the applicant reported ongoing complaints of low back pain. The applicant was off of work and had apparently filed for disability related retirement at age 33, it was stated. Permanent work restrictions were renewed. The applicant was using six to eight tablets of Norco daily, it was reported. The applicant's medication list included Soma, Norco, Motrin, topical agents, and buprenorphine, it was reported. The applicant was given prescriptions for both Norco and Zanaflex. It was not clearly stated whether request for Zanaflex represented a first-time request or renewal request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain; Non-sedating muscle relaxants, Antispasticity/Antispasmodic drugs.

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

**Decision rationale:** No, the request for Tizanidine (Zanaflex), an anti-spasmodic 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 for unlabeled use for low back pain, as was seemingly present here. This recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant specific variables such as other medications into his choice of recommendations. Here, however, the attending provider failed to state on August 7, 2015 why he was furnishing the applicant with two muscle relaxants, Tizanidine and Soma. Therefore, the request was not medically necessary.