

Case Number:	CM15-0179329		
Date Assigned:	09/21/2015	Date of Injury:	04/27/2000
Decision Date:	10/26/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	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: California

Certification(s)/Specialty: Family Practice

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 59 year old male, who sustained an industrial injury on 4-27-2000. The injured worker was being treated for left cervicogenic facet based pain, left occipital and left fronto-ocular headache, sleep disturbance and depression, and myofascial pain syndrome. Treatment to date has included diagnostics, cervical spinal surgery in 2003, implantation of left occipital, peripheral, and left cervical epidural electrodes and Synergy pulse stimulator, and medications. A progress report (12-22-2014) referenced the use of both Baclofen and Tizanidine as providing adequate control of chronic myofascial spasm. Currently (8-31-2015), the injured worker complains of left occipital headache and left cervical axial pain, rated 4-5 out of 10 (unchanged from visit 7-15-2015 and 7-06-2015). It was documented that Tizanidine 4mg (0.5 tab) four times daily, along with Baclofen 20mg four times daily, provided adequate control of chronic myofascial spasm and pain, without adverse side effects. A reduction in Tizanidine or Baclofen was documented to result in "50% decrease in ability to perform ADL's and walking duration from 2 miles to 1 mile". He underwent replacement of the depleted left abdominal pulse generator on 3-13-2014 and noted "excellent" stimulation paresthesia on the left occipitotemporofrontal headache, left lateral neck, and left shoulder, with exception of coverage of the middle of the forehead. His medication use included Oxycontin, Baclofen, Tizanidine, Citalopram, Lactulose, Amitriptyline, Doc Q Lax, Testosterone, Aspirin, Losartan, Amlodipine, Zetia, Spironolactone, Hydrochlorothiazide, Carvedilol, and Dexilant. Exam noted "prominent" myofascial spasm and tenderness in the occiput, neck, left shoulder, and left thoracic paravertebral muscles. Marked tenderness was noted of the left occiput, with pressure

reproducing concordant left occipital headache and the left fronto-temporo-ocular pain and headache. Cervical range of motion was "decreased" in all planes and marked tenderness was noted over the left cervical facet joints. Motor exam was "normal" and sensation was decreased to light touch in the left fourth and fifth fingers. His work status was permanent partial disability as of 12-16-2004. The treatment plan included continuation of medications. On 9-08-2015, Utilization Review non-certified the request for Tizanidine 4mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg Qty 120: 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 MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, including Tizanidine, as a treatment modality. These guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the medical records indicate that Tizanidine is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above cited MTUS guidelines, muscle relaxants are only recommended for short-term treatment of acute exacerbations of pain. There is insufficient evidence to justify the long-term use of this medication; including insufficient documentation on its efficacy. For these reasons, Tizanidine is not considered as medically necessary.