

<b>Case Number:</b>	CM15-0022283		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	10/05/2000
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: 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 62 year old female who sustained an industrial injury on 10/ 5 00. She currently complains of severe pain throughout her body, specifically her low back with radiation into legs, hands and feet are numb. Her pain intensity is 8-9/10 with medications and 10/10 without medications. She takes Dilaudid, gabapentin, Percura, amitriptyline and Tramadol. She received Toradol injection 10/20/140. Laboratory evaluation was done to determine the level of prescription medications (8/8/14) and was consistent with current prescriptions prescribed. Diagnoses include cervical and lumbar herniated discs; cervical and lumbar radiculopathy; chronic pain related to sexual dysfunction; depressive anxiety; insomnia; lumbar facet syndrome. Treatments to date include abnormal MRI of the cervical and lumbar spine (8/21/14), MRI right and left hip (8/21/14) and medications. There was no progress note that indicated tizanidine. On 1/8/15 Utilization review non-certified the retrospective request for tizanidine HCL 4 mg # 120 citing MTUS: Muscle Relaxants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tizanidine HCL 4mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Muscle Relaxants Page 63-66.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) address muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Zanaflex (Tizanidine) is associated with hepatotoxicity. Liver function tests (LFT) should be monitored. MTUS guidelines do not support the long-term use of muscle relaxants. ACOEM guidelines do not recommend long-term use of muscle relaxants. The request for Tizanidine (Zanaflex) 4 mg # 120 is not supported by MTUS or ACOEM guidelines. Therefore, the request for Tizanidine is not medically necessary.