MAXIMUS Federal Services

| Case Number: | CM15-0026107 | | |
|---|---|---|---|
| Date Assigned: | 02/18/2015 | Date of Injury: | 12/08/2009 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 02/05/2015 |
| Priority: | Standard | Application Received: | 02/11/2015 |

## 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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 (IW) is a 53-year-old male who sustained an industrial injury on 12/08/2009. Diagnoses include status post spinal fusion at C5-C6 and L3 through L5 and cervical and lumbar radiculopathy. Treatment to date has included medications, physical therapy, spinal surgery and epidural steroid injections. Diagnostics performed to date included x-rays, MRIs and electrodiagnostic studies. According to the progress notes dated 1/27/15, the IW reported continuing neck pain that was becoming more debilitating; it radiated down the upper extremities into the hands. He also had significant low back pain radiating down the right L5 distribution into the big toe with intensifying numbness and tingling. A request was made for Tizanadine 4mg for chronic myofascial pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanadine 4mg po tid #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antisposmadic drugs, Tizanidine Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66, 124.

**Decision rationale:** Tizanidine is a medication in the antispasmodic class of muscle relaxants. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing worsening neck pain that went into the arms, lower back pain that went into the right leg with numbness and tingling, and left foot weakness. There was no suggestion the worker was having a new flare of on-going lower back pain or a discussion detailing special circumstances that sufficiently supported the continued use of this medication long-term. Further, these records demonstrated this medication was being used for at least several months. In the absence of such evidence, the current request for thirty tablets of tizanidine 4mg taken orally three times daily is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.