

<b>Case Number:</b>	CM15-0046599		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	12/01/2005
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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, 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:

This is a 60 year old female patient, who sustained an industrial injury on 12/1/05. The diagnoses include neuromas bilateral feet left greater than right, low back pain secondary to feet, left thigh/calf pain secondary to feet. She sustained the injury due to repetitive work. Per the doctor's note dated 2/9/2015, she had complains of left foot pain. The physical examination revealed pain with palpation over the dorsal distal first and second intermetatarsal space, antalgic gait; positive Tinel's sign at the left tarsal tunnel. Per the doctor's note dated 2/2/2015, she had complaints of pain in the bilateral feet, bilateral calves, left thigh and lower back. The physical examination revealed no pain with palpation or spasm over the lumbar spine; some tenderness with palpation to the left foot. The current medications list includes tizanidine, lidoderm patch and levoxyl. She has undergone surgery for foot neuroma and C-section. She has had injections, orthotics for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex) Page(s): 66.

**Decision rationale:** Request: Tizanidine 4mg #30. According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia." The patient has chronic left foot and back pain with tenderness and antalgic gait. She has a history of left foot surgery. Tizanidine is recommended for chronic myofascial pain. The request of Tizanidine 4mg #30 is deemed medically appropriate and necessary for this patient.