

<b>Case Number:</b>	CM15-0070974		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### 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, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 64-year-old female, who sustained an industrial injury on 03/25/2013. She has reported subsequent low back and lower extremity pain and was diagnosed with lumbar disc degeneration, chronic pain, lumbar disc displacement, lumbar radiculopathy and lumbar spinal stenosis. Treatment to date has included oral pain medication and transforaminal epidural steroid injection at L3-L5. In a progress note dated 01/09/2015, the injured worker complained of low back pain radiating to the bilateral lower extremities. Objective findings were notable for slow gait, spasm in the lumbar paraspinal musculature, moderately to severely limited range of motion, pain with flexion and extension, decreased sensation to touch in the bilateral lower extremities and decreased strength of the extensor muscles of the bilateral lower extremities. A request for authorization of Tizanidine was submitted to be used as needed for spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64 and 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Tizanidine Page(s): 66.

**Decision rationale:** MTUS generally does not support muscle relaxants for chronic use in cases of low back pain. However, the section on Tizanidine is an exception; this medication is supported particularly for off-label use for low back pain or myofascial pain and associated muscle spasm. This medication is particularly desirable as an alternative to chronic opioid use. Thus, the request is consistent with treatment guidelines. The request is medically necessary.