

<b>Case Number:</b>	CM15-0076774		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	12/15/2005
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Arizona, 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 48 year old male who sustained an industrial injury on 12/15/05. He has reported initial complaints of injury to right elbow, neck, wrist and shoulder due to a fall off a ladder. The diagnoses have included cervical degenerative disc disease (DDD), lumbar degenerative disc disease (DDD), chronic cervical pain, chronic cervicogenic headaches and migraines, low back pain, lumbar radicular symptoms, rotator cuff tendonitis/bursitis, insomnia, obesity and depression from pain. Treatment to date has included medications, psyche sessions, diagnostics, injections, physical therapy and epidural block. The current medications included Percocet, Tiizanidine and Relpax. Currently, as per the physician progress note dated 4/8/15, the injured worker complains of pain that is unchanged. He reported severe headaches, migraine with pain and spasm, cervical and right upper extremity pain and weakness. There was bilateral shoulder pain, which has worsened difficulty with motion and overhead activity with popping, clunking, grinding and weakness reported. The lumbar area had reported pain, spasms, stiffness, and difficulty with heavy lifting. The objective findings revealed cervical spasm, trigger points, motion was guarded due to pain, and motion loss. The lumbar findings revealed spasm, trigger points, motion is guarded due to pain. The work status was permanent and stationary with permanent work restrictions unchanged. The physician requested treatments included Relpax 40mg quantity 30 and Tizanidine 6mg quantity 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relpax 40mg quantity 30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- head chapter and triptans pg 34.

**Decision rationale:** According to the guidelines, triptans such as Relpax is indicated for migraines. The claimant had been on the medication to abort migraines not to prevent it. The claimant was diagnosed with migraines superimposed with cervical headaches. The request for Relpax is therefore appropriate and medically necessary.

**Tizanidine 6mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Sedating Muscle Relaxants Page(s): 83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

**Decision rationale:** According to the MTUS guidelines, Zanaflex (Tizanidine) is a centrally acting alpha<sub>2</sub>-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. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, 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 claimant had been on Tizanidine for several months in combination with Norco. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore, continued use of Tizanidine is not medically necessary.