

<b>Case Number:</b>	CM15-0079585		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 54 year old female sustained an industrial injury to the neck on 8/10/12. Previous treatment included magnetic resonance imaging, epidural steroid injections and medications. In a progress note dated 3/10/15, the injured worker complained of neck pain with radiation to the right shoulder associated with numbness and tingling. Physical exam was remarkable for cervical spine with tenderness to palpation, limited range of motion testing due to guarding and pain and positive Spurling's test, foraminal compression test and reverse Spurling's test. Current diagnoses included cervical spine degenerative disc disease, cervical spine spondylosis without myelopathy, cervical spine herniated disc and cervical stenosis. The physician noted that the injured worker did not take any oral pain medications due to potential drug interaction with her psychotropic drugs. The physician stated that he had given the injured worker muscle relaxants, Tramadol and topical compound cream for medical management because the injured worker was not allowed to take oral non-steroidal anti-inflammatories and certain analgesics because of her psychiatric medications. The treatment plan included electromyography/nerve conduction velocity test of bilateral upper extremities, and medications (Naproxen Sodium, Tramadol and Tizanidine HCL).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tizanidine 4mg quantity unspecified (DOS:03/10/2015): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antispasticity drugs Page(s): 66.

**Decision rationale:** The medical records provided for review do not demonstrated physical exam findings consistent with spasticity or muscle spasm or myofascial spasm. MTUS supports Tizanidine (zanaflex) for the treatment of muscle spasm and spasticity. As such the medical records do not support the use of Tizanidine (zanaflex) congruent with MTUS. Therefore the request is not medically necessary