

<b>Case Number:</b>	CM13-0011061		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	12/15/2001
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/16/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 50-year-old female with a 12/15/01 date of injury. At the time of request for authorization for Zanaflex 4mg, #135, there is documentation of subjective (complaints of left leg muscle tensing with inability to relax throughout most of the day) and objective (tenderness to palpation in the lumbar spine, restricted range of motion, and positive straight leg raise) findings, current diagnoses (lumbar radiculopathy, postlaminectomy syndrome, lumbar stenosis, and lumbar disc displacement without myelopathy). The treatment to date includes medications (Zanaflex since at least 2/6/13). There is no documentation of an intention to treat over a short course (less than 2 weeks).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZANAFLEX 4MG, #135:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC PAIN PROCEDURE SUMMARY (LAST UPDATED 06/07/2013).

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

Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN, MUSCLE RELAXANTS (FOR PAIN).

**Decision rationale:** The Chronic Pain Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. The Official Disability Guidelines indicate that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, postlaminectomy syndrome, lumbar stenosis, and lumbar disc displacement without myelopathy. In addition, there is documentation of spasticity. However, given documentation of treatment with Zanaflex since at least 2/6/13, there is no documentation of the intention to treat over a short course (less than two weeks).