

<b>Case Number:</b>	CM13-0038844		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/02/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic back and shoulder pain reportedly associated with cumulative trauma at work between the dates September 2, 2000 through April 7, 2010. Thus far, the applicant has been treated with analgesic medications; attorney representations; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; opioid therapy; and homemaker services. In a Utilization Review Report dated September 12, 2013, the claims administrator denied a request for Zanaflex, noting that the applicant had been on the same for some time without any reported benefit. On March 14, 2013, the applicant reported persistent complaints of neck and low back pain, 8/10. The applicant stated that his current medications, including Ultram, Naprosyn, and Zanaflex, were not helpful. The applicant was placed off of work, on total temporary disability. Ultram was discontinued. Naprosyn, Zanaflex, and Norco were endorsed. Home health services for the purpose of performing laundry, household chores, cooking, and cleaning was sought. In a progress note dated April 26, 2013, the applicant was again placed off of work, on total temporary disability. While the attending provider stated that ongoing usage of Norco, Naprosyn, Zanaflex, and Neurontin helped the applicant's spasms, there was no discussion of any improvements in function achieved as a result of the same. The attending provider again renewed his request for home care assistance to facilitate cooking, cleaning, laundry, and yard work. The applicant was again placed off of work, on total temporary disability on June 6, 2013 for an additional six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZANAFLEX 4MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 66.

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

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine or Zanaflex is FDA approved in the management of spasticity and can be employed off label for low back pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability, despite ongoing usage of Zanaflex. The applicant's pain complaints appear to be heightened. The applicant is having difficulty performing even basic activities of daily living, such as cooking, cleaning, and yard work. The applicant remains highly reliant and highly dependent on opioid therapy with Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Zanaflex. Therefore, the request is not medically necessary.