

<b>Case Number:</b>	CM13-0055352		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/05/2000
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Neuromuscular Medicine and is licensed to practice in Arizona. 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 patient is a 59-year-old male who sustained a work related injury on 09/09/2009 as a result of twisting his knee. Since his injury, he has had complaint of lower back pain with radicular irritation and had complaint of bilateral shoulder pain with bicipital tendonitis. He has undergone a right knee arthroplasty. He walks with a limp and uses an assistive device (cane). On exam he has L5-S1 tenderness, pressure of the iliolumbar 'angel' (angle?) and left sciatic notch that causes radicular pain to the left knee with associated tenderness of the posterior thigh and calf to the knee on the left. Neurovascular status is intact. A lumbar MRI dated 03/08/2013 indicates multi-level (L2-S1) disc desiccation to protrusion with right, then bilateral neural foramina encroachment to narrowing. In dispute is a decision for Zanaflex 4mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Muscle relaxants.

**Decision rationale:** Tizanidine (Zanaflex, generic available): Is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Studies demonstrate that Tizanidine has efficacy in treating low back pain and demonstrated significantly decreased pain associated with chronic myofascial pain syndromes. Examination identifies tenderness to palpation along the lumbo-sacral region, but no documentation of muscular spasticity. However, the documentation was gleaned from the Utilization Review and not from submitted PR-2's or their equivalent. The denial for this medication is based upon the lack of supporting documentation for the request.