

<b>Case Number:</b>	CM13-0067976		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/11/2004
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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 Internal Medicine and Pulmonary Diseases, 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 patient is a 51-year-old who reported injury on 12/11/2004. The mechanism of injury was not provided. The documentation of 10/14/2013 revealed the patient had been experiencing back pain for 8 years. The patient was treated with physical therapy and an epidural steroid injection. The patient's medications were noted to be Norco 10/325 and ibuprofen 600. The physical examination revealed the patient had a loss of the lordotic curvature visualized which the physician opined indicated spasms. The patient had palpation of the lumbar facet revealing pain bilaterally at L3 through S1. There was pain over the intervertebral spaces on palpation. The patient's assessment and plan was noted to be pain in the lumbar spine, radiculopathy, fibromyalgia, myositis, and cervical spinal stenosis. The plan was noted to include Zanaflex and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZANAFLEZ 2 MG CAPSULES, 30 COUNT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than three weeks. The clinical documentation submitted for review indicated the patient had a loss of lordotic curvature which the physician opined indicated spasms. The patient's pain was noted to be present for eight years and there was a lack of documentation indicating the patient had an acute spasm. The request for Zanaflex 2 mg capsules, 30 count (one per night for thirty days), is not medically necessary or appropriate.