

<b>Case Number:</b>	CM13-0069974		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	06/06/2006
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 58 year-old female was reportedly injured on 6/6/2006. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 4/10/2014 indicates that there are ongoing complaints of low back and bilateral knee pain. The physical examination demonstrated lumbar spine: limited range of motion with pain, positive tenderness to palpation paravertebral muscles bilaterally. Positive lumbar facet loading on the right, positive tenderness over right piriformis, positive deep buttock pain with internal rotation of the femur. Motor testing limited by pain. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications and conservative treatment. A was made for Zanaflex 4 mg #60. And was not certified in the pre-authorization process on 11/26/2013.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Anti-Sparsity/Anti-spasmodic drugs Page(s): 66.

**Decision rationale:** Zanaflex (Tizanidine) - Tizanidine is a centrally acting alpha2-adrenergic agonist that is Food and Drug Administration (FDA) approved for management of spasticity. It is unlabeled for use in low back pain. Muscle relaxants are only indicated as 2nd line options for short-term treatment. It appears that this medication is being used on a chronic basis for low back pain which is against the guideline recommendations. Therefore, the request for Zanaflex 4MG, #60 is not medically necessary and appropriate.