

<b>Case Number:</b>	CM14-0110926		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/14/2005
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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:

There were 130 pages provided for this review. There was a request for treatment dated December 18, 2013 for a cervical spine MRI. There was an application for independent medical review for Zanaflex four milligrams quantity number 60. It was signed on July 14, 2014. There was a peer clinical review report. The request was non-certified. Per the records provided, this is a 54-year-old female with the date of injury of June 14, 2005 while moving a refrigerator. The diagnosis was chronic fatigue syndrome, chronic pain, fibromyalgia, cervical and lumbar sprain strain, cervical and lumbar radiculopathy and cervical and lumbar disc herniations. A lumbar MRI from October 8, 2013 showed mild facet arthropathy at L3-L4 and L4-L5 and posterior annular tear at L4-L5 with a 1 mm midline disc protrusion. There was spondylosis of C-2 through C7. The claimant was evaluated on June 23, 2014 for neck pain. There was decreased cervical range of motion and decreased sensation to the bilateral C6-C7. The doctor recommended she start Voltaren, refill the Zanaflex and continue the home exercise program. The doctor does not describe protective muscle spasm or specific indications for the medicines that have been requested. Also this is not an acute exacerbation. She has been on the medicine since July 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg Qty #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** Regarding muscle relaxants like Zanaflex, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008). In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request was appropriately not medically necessary.