

<b>Case Number:</b>	CM14-0116009		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	04/07/2000
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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:

The claimant injured his low back on 04/07/00. Zanaflex is under review. He has been seeing [REDACTED] on various occasions in 2014 for ongoing lumbar pain and loss of range of motion. He has diagnoses of lumbosacral radiculopathy, knee tendinitis/bursitis, and lumbago. Reprogramming of the neuromodulation unit has been done and the claimant has continued pain. On 04/17/14, he reported experiencing electric shock feelings and increased pain in the lying position and was not using the unit. He was using Percocet and Zanaflex 4 mg four times a day. He was also taking Lorazepam twice a day. He did not report much change in his condition. His battery needed to be recharged and further programming would be evaluated at that time. He received refills of Percocet, Zanaflex, and Lorazepam. On 04/24/14, he reported benefit over many months from the neuromodulation unit. On 05/15/14, there was not much change. He reported improvement and no side effects with the Percocet, Zanaflex, and Lorazepam combination. On 06/12/14, he reported significant increase in his pain after malfunctioning of his unit and a revision was planned for the following week. He remained on Percocet, Zanaflex, Lorazepam, and Gabapentin. There were no signs of sedation. [REDACTED] stated that Zanaflex was indicated for chronic pain and not necessarily for spasm. On 06/26/14, he reported coverage of his low back and lower extremity symptoms after the revision of his leads and battery. He had no significant side effects. His examination revealed a healing incision. He was given antibiotics. He has been on this medication for a number of years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 Prescription of Zanaflex 4mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers, tizanidine, Medications for Chronic Pain Page(s): 97, 94.

**Decision rationale:** The history and documentation do not objectively support the request for continued use of Zanaflex (Tizanidine) 4 mg #120. The MTUS state for Tizanidine, "recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene, and Baclofen. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Classifications: Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, antispasticity drugs, and drugs with both actions. Additionally, MTUS state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days. A record of pain and function with the medication should be recorded. The medical documentation provided does not establish the need for long-term/chronic usage of Zanaflex and there is no documentation of the claimant's pattern of use or any objective measurement of functional improvement from the use of this medication. There is evidence of acute spasms or a diagnosis of acute or chronic spasm. There is no evidence, either, that the claimant has been involved in an ongoing exercise program to help maintain any benefit that he receives from treatment. As such, this request for Zanaflex 4 mg #120 is not medically necessary.