

<b>Case Number:</b>	CM14-0139815		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	07/06/1999
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 92 pages provided for this review. The request was for Zanaflex for muscle spasm of the lumbar spine, right knee and the right shoulder. It was recommended that this be non-certified. Per the records provided, the claimant was described as a 52-year-old female injured back in the year 1999. As of August 7, 2014, there was a waxing and waning of the response to the medicine profile. There had not been any significant improvement. Significant levels of dysfunction and disability continued to be noted. In addition to the 11 medicines prescribed by this provider and an additional five prescribed by the internal medicine doctor, there are concerns with poly-pharmacy cross reactions. On exam, she was borderline hypertensive with the pain level of eight out of 10. There was tenderness to palpation of the cervical paraspinal muscles, thoracic region and the lumbar region. The range of motion of the spine was limited. This medicine is reportedly used for spasticity. The diagnosis simply was not mentioned in any of the medical records reviewed. There was some evidence of some mild muscle spasm in the neck, thoracic and lumbar spine resulting in range of motion loss, but no overt spasticity. Further, the efficacy of the medicine in terms of objective, function improvement was not evident.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg tabs; 1 tab po bid #60 30 day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Spacity/Anti-Spasmotic drugs. .

**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 low back pain (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 non-certified.