

<b>Case Number:</b>	CM14-0170809		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	04/19/2013
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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:

Injured worker is a male with date of injury 4/19/2013. Per secondary treating physician's progress report dated 9/8/2014, the injured worker is frustrated because his last medications were not refilled by the insurance company. He is taking tramadol ER for ongoing pain, Naproxen 550 mg for pain and inflammation, and Zanaflex 4 mg at night for muscle spasm and pain. He is hoping to refill these medications as he does feel that they were helpful and kept him more active. Without these medications, his activity levels have decreased. He is pending cognitive behavioral therapy. On examination he has a heightened somatic response. He has antalgic gait favoring the right lower extremity. He is wearing a right CAM walker and using crutches to aid his ambulation. There is diffuse muscle guarding and tenderness in the lumbar spine with decreased range of motion. Right ankle is in a CAM walker and was not removed. Diagnoses include 1) status post head injury with complaints of headaches, dizziness, and memory loss 2) chronic right ankle sprain/strain 3) chronic cervical spine sprain/strain with multilevel spondylosis 4) lumbar spine sprain/strain with multilevel spondylosis 5) L5-S1 anterolisthesis 6) chronic pain syndrome with dysfunctional pain behavior.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) section Page(s): 63-66.

**Decision rationale:** Zanaflex is FDA approved for the management of spasticity. Per guidelines, the use of muscle relaxants for pain is recommended with caution as a second-line option for short term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. There is no evidence on the reported physical exam that the injured worker is suffering from spasticity. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Zanaflex 4mg is determined to not be medically necessary.