

<b>Case Number:</b>	CM14-0032139		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/11/2011
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas & Oklahoma. 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 injured worker is a 37-year-old male who reported an injury on 01/11/2011; the mechanism of injury was not provided. The clinical note dated 03/27/2014 noted the injured worker presented with right leg radiating pain with weakness of the right ankle and foot, and a burning sensation to the right thigh. Prior treatment included surgery, home exercise, physical therapy, and medication. Upon examination of the lumbar region, range of motion was slightly guarded and restricted with a positive straight leg raise on the right and some weakness with resisted eversion, inversion and dorsiflexion of the right ankle. The diagnoses were chronic back pain, lumbar disease, status post lumbar surgery, radicular symptoms in the leg, and weakness of the right ankle. The provider recommended continuation of Zanaflex 4 mg with a quantity of 10. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg quantity 10.00:** 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 Relaxants Page(s): 63.

**Decision rationale:** The request for Zanaflex 4 mg with a quantity of 10 is non-certified. California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The injured worker has been prescribed muscle relaxants since at least 08/2013; the efficacy of these types of medication has not been provided. The provider's request did not indicate the frequency of the medication. As such, the request is non-certified.