

<b>Case Number:</b>	CM14-0040362		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	09/12/1996
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 55-year-old injured on September 12, 1996 due to an undisclosed mechanism of injury. Current diagnoses include moderate, mid-thoracic kyphosis with associated upper left and lower right thoracic scoliosis. The clinical note dated February 11, 2014 indicates the injured worker presented complaining of neck and low back pain with poor sleep quality. The injured worker also reports chronic bilateral numbness and neuropathic tingling in the 3rd through 5th fingers and ulnar side of their hand. Current medications include Zanaflex 2mg 1-2 tablets QHS, Neurontin 300mg 2 tablets TID, Norco 10/325mg TID, Ibuprofen 200mg Q 4-6 hours, Loratadine 10mg QD, Benadryl 25mg 2 tablets Q 6 hours, and Prozac 20mg QD. The initial request for Zanaflex 2mg #60 was initially non-certified on February 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZANAFLEX 2MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) And Antispasticity /Antispasmodic Drugs Page(s): 63-64, and 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the two to four week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. The request for Zanaflex 2mg, sixty count, is not medically necessary or appropriate.