

<b>Case Number:</b>	CM14-0040393		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/02/2009
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 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 injured worker is a 43-year-old male who reported an injury on 08/02/2009. The injury occurred while he was stacking boxes weighing 400-500lbs, the stack of boxes fell over and struck him on the back of his neck and upper back. On 02/05/2014, the injured worker presented with pain in the head, bilateral shoulders that radiated into the left arm, upper and lower back and left leg. Current medications include MS Contin, Norco, and Zanaflex. The diagnoses were cervical disc bulges C3-4, C4-5, and C5-6, spinal stenosis of C5-6, spondylosis of C6-7, upper left extremity radiculitis, intractable low back with left lower extremity radiculitis, chronic cervicgia with headaches, and multiple level disc bulges of the lumbar spine. A physical examination was not noted. The provider recommended Zanaflex 4 mg with a quantity of 60 times 4, 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 4 MG #60 4 REFILLS:** Upheld

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

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

**Decision rationale:** The request for Zanaflex 4 mg with a quantity of 60 4 refills is not medically necessary. The 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 nonsteroidal anti-inflammatory drugs (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 Zanaflex since at least 12/2013, the efficacy of the medication was not provided. The guidelines do recommend muscle relaxants for short-term treatment, the length of time that the injured worker has been prescribed Zanaflex, plus the request for additional prescription with 4 refills exceed the recommendation of the guidelines for short-term treatment. The provider's requested did not indicate the frequency of the medication. As such, the request is not medically necessary.