

<b>Case Number:</b>	CM14-0073386		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2014

### 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:

This 49 year-old male cable installer sustained a low back injury on 9/12/12 from being stuck on a cable caddy while employed by [REDACTED]. Request(s) under consideration include Zanaflex 4mg #30, brand name. The patient is s/p right L5-S1 lumbar laminotomy decompression on 7/24/13. Diagnoses include low back pain. Report of 3/21/14 noted the patient remained the same with pain level circled for 5-9/10; functionally ability checked "remains the same;" had not been working; however, place on modified duty by another provider; script for work hardening; There was question for functional restoration; report noted Soma not approved or denied; patient taking Norco. No neurological exam documented. Diagnosis was lumbar radiculopathy with plan for work hardening for functional restoration. Report of 4/11/14 noted patient was awaiting for work hardening and has been performing modified duty for minimal to moderate symptoms since surgery. The patient has been noted to participate in rehabilitation. Request(s) for Zanaflex 4mg #30, brand name was non-certified on 4/30/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #30, brand name:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): pg 128.

**Decision rationale:** This 49 year-old male cable installer sustained a low back injury on 9/12/12 from being stuck on a cable caddy while employed by [REDACTED]. Request(s) under consideration include Zanaflex 4mg #30, brand name. The patient is s/p right L5-S1 lumbar laminotomy decompression on 7/24/13. Diagnoses include low back pain. Report of 3/21/14 noted the patient remained the same with pain level circled for 5-9/10; functionally ability checked "remains the same;" had not been working; however, place on modified duty by another provider; script for work hardening; There was question for functional restoration; report noted Soma not approved or denied; patient taking Norco. No neurological exam documented. Diagnosis was lumbar radiculopathy with plan for work hardening for functional restoration. Report of 4/11/14 noted patient was awaiting for work hardening and has been performing modified duty for minimal to moderate symptoms since surgery. The patient has been noted to participate in rehabilitation. Request(s) for Zanaflex 4mg #30, brand name was non-certified on 4/30/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2012. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Zanaflex 4mg #30, brand name is not medically necessary and appropriate.