

<b>Case Number:</b>	CM14-0074546		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	12/04/2009
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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:

According to the records made available for review, this is a 59-year-old male with a 12/4/09 date of injury. At the time (4/15/14) of request for authorization for Zanaflex 4 mg #90, there is documentation of subjective bilateral knee, neck, lower back, and bilateral shoulder pain and objective findings of positive Kemp's test on left, decreased range of motion of the spines, and tenderness and hypertonicity over the bilateral cervical, thoracic, and lumbar musculatures. His current diagnoses include multiple cervical and lumbar herniated discs, thoracalgia, and bilateral shoulder tenosynovitis, and his treatment to date of medications (including ongoing treatment with Zanaflex) and physical therapy. Medical records identify that Zanaflex is used to reduce spasms and pain. There is no documentation of spasticity; Zanaflex use as a second line option for short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zanaflex use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59, 121, 66, 18-19, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies that 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. Within the medical information available for review, there is documentation of diagnoses of multiple cervical and lumbar herniated discs, thoracalgia, and bilateral shoulder tenosynovitis. In addition, there is documentation of ongoing treatment of Zanaflex. However, despite documentation that Zanaflex is used to reduce spasm, there is no documentation of spasticity. In addition, there is no documentation of Zanaflex used as a second line treatment. Furthermore, given documentation of ongoing treatment with Zanaflex and a prescription for Zanaflex #90, there is no documentation of intention to use Zanaflex for short-term (less than two weeks) treatment. Lastly, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zanaflex use to date. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4mg #90 is not medically necessary.