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| <b>Case Number:</b>   | CM14-0077160 |                              |            |
| <b>Date Assigned:</b> | 07/21/2014   | <b>Date of Injury:</b>       | 02/16/2006 |
| <b>Decision Date:</b> | 08/26/2014   | <b>UR Denial Date:</b>       | 04/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/27/2014 |

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 57-year-old female who reported an injury on 02/16/2006 secondary to continuous trauma. The injured worker was evaluated on 07/10/2014 for reports of low back pain however; there was no evidence of an objective physical assessment. The diagnoses included lumbar radiculopathy, chronic pain syndrome, chronic pain-related insomnia, myofascial syndrome, neuropathic pain, chronic pain-related depression, prescription dependence and chronic pain-related sexual dysfunction. The treatment plan included continued medication therapy. The request for authorization dated 07/01/2014, without rationale for the request, was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription for Zanaflex 4mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The request for 1 prescription for Zanaflex 4 mg #60 is not medically necessary. The California MTUS Guidelines may recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain. The documentation provided indicates the patient has been prescribed Zanaflex since at least 03/18/2014. The timeframe the patient has been prescribed this medication exceeds the timeframe to be considered short-term. Furthermore, there is a significant lack of objective clinical findings of an evaluation of the efficacy of the prescribed medication. Therefore, the request does not include the specific dosage frequency being prescribed. Therefore, due to the significant lack of clinical evidence in the documentation (i.e. evaluation of the efficacy of the prescribed medication, the specific dosage frequency not being provided in the request) and the timeframe the injured worker has been prescribed exceeding the timeframe to be considered short-term, the request for 1 prescription for Zanaflex 4 mg #60 is not medically necessary.