

<b>Case Number:</b>	CM14-0090051		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/26/2002
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 12/26/02 date of injury. At the time (5/28/14) of request for authorization for one (1) prescription of Zanaflex 4mg #90, there is documentation of subjective (cramping pain in legs with intensity of 8/10, increased low back pain radiating to legs, and increased wrists pain) and objective (tenderness over the lumbosacral area with decreased range of motion and positive facet loading) findings, current diagnoses (wrist joint pain, hand joint pain, cervical spine strain, thoracic degenerative disc disease, cervicgia, thoracic pain, and thoracic radiculitis), and treatment to date (medications (including Norco, Soma, Senna, Baclofen, and Flexeril)). The medical report identifies that Zanaflex is being prescribed as alternative to Flexeril. There is no documentation of spasticity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Zanaflex 4mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex); Muscle Relaxants.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. The 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 wrist joint pain, hand joint pain, cervical spine strain, thoracic degenerative disc disease, cervicalgia, thoracic pain, and thoracic radiculitis. However, despite documentation that Zanaflex is prescribed to reduce spasm, and given documentation of a 12/26/02 date of injury, there is no documentation of acute spasticity. In addition, given documentation of a request for Zanaflex #90, there is no documentation of the intention to treat over a short (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4mg #90 is not medically necessary.