

<b>Case Number:</b>	CM14-0091305		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/23/2009
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of April 23, 2009. Thus far, the claimant has been treated with the following: Analgesic medications; earlier total knee arthroplasty knee arthroplasty surgery of April 11, 2014; unspecified amounts of the physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 21, 2014, the claims administrator approved a request for tramadol while denying a request for Zanaflex. In a progress note dated December 5, 2013, the applicant was described as having ongoing complaints of low back pain. The applicant was asked to continue home exercises. The applicant was reportedly using Flexeril and gabapentin, it was stated at that point in time. On May 6, 2014, the applicant was given prescriptions for tramadol and Zanaflex. The applicant had developed postoperative itching with both Norco and Morphine. Trigger point injections were performed in the clinic setting. It was stated that the Zanaflex was being employed on an as needed basis for muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg 1/2 to 1 twice daily #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex). Decision based on Non-MTUS Citation Malanga, 2008; Malanga, 2002

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Tizanidine/Zanaflex Page(s): 66.

**Decision rationale:** As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine or Zanaflex is FDA approved in the treatment for spasticity and can be employed off label for low back pain, as is present here. In this case, the applicant was having ongoing issues with both low back and knee pain on and around the date in question, May 6, 2014. Zanaflex was endorsed for as needed use purposes, for acute muscle spasms if and when they arose. This was seemingly an MTUS-endorsed role for Zanaflex. While, ideally, the attending provider would have incorporated some discussion of medication efficacy into his decision to issue/renew Zanaflex, the request in question was initiated some three weeks after the applicant had undergone a total knee arthroplasty procedure of April 11, 2014. Continuing the applicant's medication regimen, which included Zanaflex, was likely a more appropriate option than discontinuing the same, some three weeks removed from date of major knee surgery, a total knee arthroplasty. Therefore, the request is medically necessary.