

<b>Case Number:</b>	CM14-0091629		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/12/2014
<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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 53-year-old male was reportedly injured on April 18, 2012. The mechanism of injury occurred, as slip and fall. The most recent progress note, dated July 16, 2014, indicated that there were ongoing complaints of low back pain and left lower extremity involvement. The physical examination had no changes and no specific information was provided. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications, acupuncture and other pain management interventions. A request had been made for Zanaflex and was not certified in the pre-authorization process on June 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Page(s): 66 of 127.

**Decision rationale:** When noting the date of injury, the injury sustained the current clinical assessment and that the medication list only includes Tramadol and Relafen, there is no clinical

indication presented for this medication. It is not clear why this is being requested based on the progress notes reviewed. Furthermore, as outlined in the MTUS, there is limited evidence to suggest this medication has any efficacy relative to low back pain. As such, when combining the parameters noted in the MTUS with the narrative of the progress notes, there is insufficient data to support any medical necessity for this medication.