

<b>Case Number:</b>	CM14-0142488		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/16/1997
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 54 year old male, who sustained an industrial injury on 10-16-1997. The injured worker is undergoing treatment for: lumbago, bilateral radiculopathy, thoracic pain. On 5-20-14, and 7-15-14, he reported low back and thoracic pain. He is noted to be doing well on his current medication regimen. He rated his pain 8 out of 10 without medications and 3 out of 10 with medications. Medications are noted to allow him to "remain active with his young grandson whom he takes care of frequently", walking for exercise and perform activities of daily living including cooking and cleaning. There are no adverse side effects or aberrant behaviors reported. A signed pain contract is noted to be on file. "He states his average pain over the past 2 months has been 5 out of 10, getting up to 8 out of 10, and down to 3 out of 10 with medications". Objective findings are noted as "no significant change". There is no discussion regarding pain reduction with Zanaflex. There is no discussion of hypertonicity or muscle spasm. The treatment and diagnostic testing to date has included: medications, lumbar fusion (1997), spinal stimulator (2004), CT scan of thoracic spine (4-10-11). Medications have included: Zanaflex, Neurontin, Ambien, Relafen, and Suboxone. The records indicate he has been utilizing muscle relaxants since at least November 2013, possibly longer. The records indicate he has been utilizing Zanaflex since at least February 2014, possibly longer. Current work status: permanent and stationary. The request for authorization is for: 4 Zanaflex 4mg, quantity 120, four times per day, with 4 refills, for management of thoracic and low back pain, as an outpatient. The UR dated 8-4-2014: non-certified the request for 4 Zanaflex 4mg, quantity

120, four times per day, with 4 refills, for management of thoracic and low back pain, as an outpatient.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Zanaflex 4mg #120 with 4 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed. [www.RxList.com](http://www.RxList.com). ODG Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm). [drugs.com](http://drugs.com). Epocrates Online, [www.online-epocrates.com](http://www.online-epocrates.com). Monthly Prescribing Reference, [www.empr.com](http://www.empr.com). Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, [www.agencymeddirectors.wa.gov](http://www.agencymeddirectors.wa.gov).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MTUS guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatories (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. The guidelines note that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. As noted by the MTUS guidelines, the long-term utilization of muscle relaxants is not supported. Muscle relaxants are supported for short-term use in the event of an acute exacerbation. The request for Zanaflex 4mg #120 with 4 refills is not medically necessary and appropriate.