

<b>Case Number:</b>	CM14-0181676		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	04/16/2013
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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, has a subspecialty in Pain Medicine 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:

This is a patient with a date of injury of 4/16/13. A utilization review determination dated 10/6/14 recommends non-certification of Zanaflex. 8/14/14 medical report identifies back and hip pain 8/10. He has been without Percocet for 3 weeks. When he had Percocet, pain went from 8/10 to 2-3/10 and he were able to carry out ADLs and do physical therapy (PT). On exam, there is tenderness and he ambulated with a limp. Recommendations included Percocet, omeprazole, tizanidine, Relafen, gym membership, and spine surgery referral. 10/9/14 medical report identifies that the patient is unable to get Percocet filled at the pharmacy. Pain is 9/10 without Percocet. He has a lot of spasms and Zanaflex helps with spasms. On exam, multiple myofascial points are noted and there is diminished range of motion (ROM). Recommendations include Norco, Zanaflex, Relafen, and omeprazole. Botox to the lumbar erector spinae muscles was also recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Zanaflex 4 mg # 60 Date of Service 09/11/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Zanaflex, Chronic Pain Medical Treatment Guidelines support the use of non sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, the patient reports that Zanaflex helps with spasms, but there is no rationale for long-term use despite the recommendations of the California MTUS, which are supportive only of short-term treatment with muscle relaxants. In light of the above issues, the currently requested Zanaflex is not medically necessary.