

<b>Case Number:</b>	CM14-0190353		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	10/18/2001
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Family 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:

The injured worker is a 58-year-old-female who experienced an industrial injury 10/18/01. Per the utilization review report, the patient was assaulted by a patient that pulled her hair and pulled her down injuring her neck and back. The accepted body parts by the carrier are the spinal cord (neck), spinal cord (back) and mental/physical. She had had a cervical CT done 07/30/12 which showed a previous cervical anterior fusion. There were many follow-up visits to the treating physician with the most recent one being 09/24/14. At this visit, she reported having bad spasms in the mid and low back area and reported that medications helped with pain symptoms. Objectively, there was tenderness over cervical paraspinal musculature, upper trapezius, and scapular border. She was prescribed Percocet 10/325 mg #60, Zanaflex 2 mg #90, Topamax 100 mg #30, Cymbalta 60 mg #60 and Lyrica 150 mg #120. Diagnoses were anterior lumbar fusion, 08/2002; posterior lumbar fusion, 09/2002; partial removal of orthopedic hardware 03/2004; partial removal of orthopedic hardware 03/2004; anterior cervical discectomy and fusion C4-C5, C5-C6, and C6-C7, 01/19/09; insertion of a morphine pain pump, 07/18/11; depression. Treatment included medications, follow-up office visits, and the aforementioned surgeries.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Part 2 - Pain Interventions and Treatments Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), anterior lumbar fusion, 08/2002; posterior lumbar fusion, 09/2002; partial removal of orthopedic hardware 03/2004; partial removal of orthopedic hardware 03/2004; anterior cervical discectomy and fusion C4-C5, C5-C6, and C6-C7, 01/19/09; insertion of a morphine pain pump, 07/18/11

**Decision rationale:** Treatment guidelines state that muscle relaxants are recommended for short-term for acute spasms of the lumbar spine. The guidelines state that muscle relaxers are more effective than placebo in the management of back pain, but the effect is modest and comes with greater adverse effects. The medication effect is greatest in the first 4 days, suggesting shorter courses may be better. Treatment should be brief and not recommended to be used longer than 2-3 weeks. Request is not reasonable as there is no documentation of spasms on exam and the patient has been taking medication for longer than 3 weeks and it is not recommended for long term use. The request is not medically necessary.