

<b>Case Number:</b>	CM14-0199236		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	03/11/2003
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 51-year-old male who reported an injury on 03/11/2003. His diagnoses included low back pain and sacroiliac pain. His past treatments included 2 injections to the right SI joint and 1 to the left SI joint. Diagnostic studies included an MRI of the lumbar spine, performed on 04/04/2013, which revealed an L3-4 bulge with foraminal extension and moderate foraminal narrowing, a small protrusion of the L5-S1 without significant mass effect, and a lesser foraminal narrowing at the L4-5 and L5-S1 levels. On 11/21/2014, the injured worker had complaints of low back pain and indicated that Zanaflex was effective in reducing his muscle spasms by 30%. Upon physical examination, range of motion to the lumbar spine was flexion 30 degrees, extension 10 degrees, right lateral bend 10 degrees, and left lateral bend 10 degrees, all restricted due to pain. Upon palpation, tenderness was noted to the paravertebral muscles with spasms, tight muscle bands and trigger points were noted to both sides. There was a positive Faber's and Gaenslen's was positive. Tenderness was noted over the bilateral SI joints with a positive Fortin's finger. His medications include Zanaflex, omeprazole, Flector, Terocin lotion, doxepin, Naprosyn, Gralise ER, and Norco 10/325. The treatment plan included to continue with Zanaflex as it was effective, a request for sacroiliac joint injection, confirmatory UDS, and a CURES evaluation was appropriate. The rationale for the request of Zanaflex 4 mg #90 is due to the effectiveness in decreasing of spasms by 30% and allowing the injured worker to sleep. The Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Zanaflex 4mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 63, 66.

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of patients with chronic low back pain. It was noted within the documentation that the injured worker has been on Zanaflex since 07/2012. The medication is recommended for short term use only. As such, the request for Zanaflex 4 mg #90 is not medically necessary.