

<b>Case Number:</b>	CM14-0199898		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	10/26/2000
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Practice 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 62 years old male patient who sustained an injury on 10/26/2000. The current diagnoses include unspecified myalgia and myositis, pain in joint pelvic region and thigh and lumbago. Per the doctor's note dated 11/7/2014, he had complaints of chronic low back pain. The physical examination revealed lumbar spine range of motion- flexion 70, extension 10 degrees, atrophy in the right lower extremity, 4/5 strength in bilateral lower extremities, 2/4 reflexes and intact sensation and tenderness to palpation over the right gluteal region. Per the note dated 12/8/14, patient had pain at 6/10 with medications. The medications list includes MS Contin, Celebrex, Norco, Gabapentin, Soma and Pristiqe. Patient was advised to wean soma and to start Tizanidine. Prior diagnostic study reports were not specified in the records provided. Other therapy for this injury was not specified in the records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antispasticity/antispasmodic drugs: Tizanidine (Zanaflex) Page(s): 66.

**Decision rationale:** According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia."The patient has chronic low back pain. Tizanidine is recommended for chronic myofascial pain. The request for Zanaflex 4 mg #90 is medically appropriate and necessary for this patient to use as prn during acute exacerbations.