

<b>Case Number:</b>	CM14-0203963		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	08/22/1997
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 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 51 year-old patient sustained an injury on 8/22/1997 while employed by [REDACTED]. Request(s) under consideration include Zanaflex 2 mg #90. Diagnoses include lumbago. Conservative care has included medications, therapy, and modified activities/rest. Medications list Kadian, MSIR, and Zanaflex. Report of 10/22/14 from the provider noted chronic ongoing low back pain with increased spasm and numbness on right side; pain rated at 8-9/10 without and 6-7/10 with medications with limited function. HEP and ADL are manageable with medications. Exam showed unchanged findings with limited range; decreased motor strength diffusely with intact sensation in the lower extremities with tenderness throughout the spinous processes and cervical, thoracic, and lumbar spine. The request(s) for Zanaflex 2 mg #90 was non-certified on 11/13/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2 mg, ninety count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**Decision rationale:** The request for Zanaflex 2 mg #90 was non-certified on 11/13/14. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 1997. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The requested Zanaflex 2 mg #90 is not medically necessary and appropriate.