

<b>Case Number:</b>	CM15-0009220		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/13/2007
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 sustained an industrial injury on 7/13/2007. The diagnoses have included low back pain, sacroiliac pain, sacroiliitis, lumbosacral disc degeneration, lumbar spinal stenosis and sciatic nerve lesion. Treatment to date has included sacroiliac joint injections and pain medications. According to the progress report from 12/31/2014, the injured worker rated her pain with medications as 5 on a scale of 1 to 10; without medications, pain was 10 on a scale of 1 to 10. Physical exam revealed restricted range of motion of the lumbar spine and tenderness to palpation. Range of motion of hips was restricted with pain. Tenderness was noted over the sacroiliac joint. Range of motion of the knees was restricted by pain. The physician noted that the injured worker's medications were denied and that as a consequence of this her pain increased substantially and her capability for daily tasks was diminished. Authorization was requested for medications including oxycontin, naproxen, neurontin, Zanaflex, nuvigil, celexa, Percocet and Lidoderm patches. On 1/8/2015, Utilization Review (UR) non-certified a request for Zanaflex 2mg #30 times three refills, noting that guidelines do not recommend long term use of muscle relaxants. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxers Page(s): 68.

**Decision rationale:** According to the MTUS guidelines, Zanaflex 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. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Zanaflex for several months. The request above was for an additional 4 months of use. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Zanaflex is not medically necessary.