

<b>Case Number:</b>	CM15-0015091		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 58-year-old female injured worker suffered an industrial injury on 1/13/2010. The diagnoses were neck pain, thoracic and lumbar pain, and left knee pain. The diagnostic studies were magnetic resonance imaging of the cervical spine and electromyography. The treatments were cervical arthroplasty and left knee arthroscopy, medications and depression. The Utilization Review Determination on 1/5/2015 non-certified Zanaflex 4mg #60 citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg, sixty count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanadine Page(s): 66.

**Decision rationale:** Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain.

(Malanga, 2008) 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." I respectfully disagree with the UR physician, this class of medication is often used for the treatment of musculoskeletal conditions whether spasm is present or not. The request is medically necessary.