

<b>Case Number:</b>	CM15-0019195		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	05/24/2005
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 63 year old female, who sustained an industrial injury on 5/24/05. She has reported knee injury/pain after hitting it off the steering column getting off a bus. The diagnoses have included left knee pain. Treatment to date has included medications, cane, Home Exercise Program (HEP), 6 sessions of physical therapy and oxygen therapy. Surgery included arthroscopic left knee surgery dated 8/6/05. Currently, as per recent physician progress report, the injured worker complains of left knee pain which has increased since last visit. The pain was rated 5/10 with medications and 8/10 without medications. There is no change in the location of pain and she denies any new injury. She is taking her medications as prescribed and states that they are working well. The current medications included Zanaflex, Ibuprofen, Norco, Lasix, Lopressor and Metformin. The x-ray of the left knee dated 8/28/13 revealed medial compartment and patellofemoral osteoarthritic changes. The urine drug screen dated 1/21/14 was consistent with medications prescribed. Physical exam revealed she has a slow gait and uses a walker. The left knee revealed restricted range of motion due to pain and crepitus with active movement. There was no previous therapy sessions noted. On 1/13/15 Utilization Review non-certified a request for Zanaflex 4mg #60 1-2 at bed time, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain guidelines Muscle relaxant was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #60 1-2 at bed time:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) & Muscle relaxants (for pain ) Page(s): 66 and 63.

**Decision rationale:** Zanaflex 4mg #60 1-2 at bed time is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Tizanidine is a centrally acting alpha<sub>2</sub>-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that the patient has knee pain. The documentation indicates that she uses the Zanaflex for spasms and to help her sleep. The documentation does not indicate spasms. There is no evidence of functional improvement on prior Tizanidine. The MTUS does not recommend this medication long term. The continued use of Zanaflex is not medically necessary.