

<b>Case Number:</b>	CM15-0142493		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	05/31/2014
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Texas, 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:

This is a 34-year-old male patient who sustained an industrial/work injury on 5-31-14. The diagnoses include sprain-strain of back, sprain of thoracic region, sprain-strain of wrist and hand and sprain of interphalangeal toe. Per the doctor's note dated 6/9/15, he had complaints of low back pain with radiation to the left lower extremity; left wrist pain. The physical examination revealed lumbar spine- tenderness, spasm, decreased range of motion, positive straight leg raising test on the left and decreased sensation in left L5-S1 dermatomes; left wrist- tenderness and decreased range of motion. Per the primary physician's report (PR-2) dated 4-6-15, physical examination revealed the left forearm- positive for pain on palpation to the ulnar nerve and lateral epicondyle along with pain on resisted long finger/wrist extension and forearm supination/pronation, positive Tinel's sign on the left arm; Strength of the finger and thumb flexor 4+ out of 5 and strength. The medications list includes anaprox and tizanidine. He has had MRI (magnetic resonance imaging) of wrist results dated 1-13-15, which revealed mild osteoarthritic changes, a ganglion cyst, mild tenosynovitis of the extensor carpi ulnaris tendon, mild capsulitis of wrist. He has had physical therapy visits for this injury. The requested treatments include Zanaflex 2mg 112 3 times a day for spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg 112 3 times a day for spasms count #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex) page 66.

**Decision rationale:** Zanaflex 2mg 1 to 2, 3 times a day for spasms count #120. 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 with radiation to the left lower extremity; left wrist pain. The patient has significant objective abnormalities on the musculoskeletal physical examination- lumbar spine- tenderness, spasm, decreased range of motion, positive straight leg raising test on the left and decreased sensation in left L5-S1 dermatomes; left wrist- tenderness and decreased range of motion. Tizanidine is recommended for chronic myofascial pain. The request of Zanaflex 2mg 1 to 2, 3 times a day for spasms count #120 is medically appropriate and necessary for this patient.