

<b>Case Number:</b>	CM15-0142697		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	08/13/2003
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 48 year old male, who sustained an industrial injury on August 13, 2003. Treatment to date has included MRI of the lumbar spine, lumbar spine fusion, nerve blocks, medications, and psycho-educational group sessions. Currently, the injured worker complains of chronic low back pain and left lower extremity pain. He rates his pain a 7-8 on a 10-point scale and has associated numbness, tingling, weakness and cramping in the left lower extremity. The evaluating physician notes that his pain at the previous evaluation was rated 4-5 on a 10-point scale. The injured worker reports that he is able to perform his activities of daily living and function with the use of his medications. His medications include Dilaudid, Lyrica and Zanaflex. On physical examination the injured worker has tenderness to palpation at L4-5 and L5-S1 in the midline and left of midline. He has diminished motor strength in the left lower extremity. Sensation to pinwheel and light touch is normal. The diagnoses associated with the request include lumbar degenerative disc disease, low back pain, lumbar radiculopathy and status post lumbar fusion. The treatment plan includes continuation of Lyrica, Dilaudid and Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg 1 three times daily #90 two refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Zanaflex 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 in combination with Dilaudid and Lyrica-increasing the risk of side effects and addiction. Continued and chronic use of muscle relaxants/antispasmodics is not medically necessary. Therefore Zanaflex is not medically necessary.