

<b>Case Number:</b>	CM15-0143224		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	09/11/2009
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/16/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 37 year old female, who sustained an industrial injury on 9-11-2009. The mechanism of injury was a slip and fall. The injured worker was diagnosed as having micro-lumbar decompression, lumbar degenerative disc disease and lumbar spondylosis. There is no record of a recent diagnostic study. Treatment to date has included lumbar surgery, lumbar facet block, physical therapy and medication management. In a progress note dated 7-2-2015, the injured worker complains of back pain rated 6-7 out of 10 with medications and 8-9 without medication. Physical examination showed limited lumbar range of motion and tenderness. The treating physician is requesting Zanaflex capsule 4 mg #90 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex cap 4mg 1 tab PO TID #90 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** The claimant sustained a work-related injury in September 2009 and is being treated for chronic low back pain with recent treatments including medial branch radiofrequency ablation. Zanaflex has been prescribed since February 2015. When seen, medications were decreasing pain from 8-9/10 to 6-7/10 and allowing for activities of daily living including household activities. Physical examination findings included decreased lumbar range of motion with tenderness. Motor and sensory functions were intact. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis with intended prescribing for at least another 4 months. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.