

<b>Case Number:</b>	CM15-0162371		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	05/22/2001
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 47 year old male with an industrial injury dated 05-22-2001. Her diagnoses included status post MLD of the lumbar 4-5 disc, left lumbar radiculopathy and facet arthropathy of lumbar spine. Prior treatment included ice, heat, epidural injections and medications. He presented on 07-10-2015 for pain management follow up. Since last visit he reported increased pain due to a decrease in his pain medication. He rated his back pain as 5-10 out of 10. At last visit his Norco was decreased by 50%. He stated his pain had been severe. The provider documents the injured worker successfully decreased his Norco by 25%. Objective findings included mildly antalgic gait. Lumbar flexion and extension was decreased. There was pain with range of motion in all planes. His medications included Norco, Zanaflex, Elavil, Naproxen and Lunesta. He states the medications decrease his pain about 50%. Urine drug screen was consistent with medications. The treatment request was for Zanaflex cap 4 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex cap 4mg #30:** 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, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2001 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Zanaflex cap 4mg #30 is not medically necessary or appropriate.