

<b>Case Number:</b>	CM15-0168803		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	11/02/2012
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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 35 year old male, who sustained an industrial injury on November 2, 2012. He reported right foot, right ankle and low back pain. The injured worker was diagnosed as having low back pain, depression and anxiety secondary to chronic pain. Magnetic resonance imaging (MRI) on January 15, 2013 was noted to reveal a large herniated disc at lumbar 4-5 and small disk at lumbar 5-sacral 1. Electrodiagnostic studies on August 19, 2015, revealed right lumbar 4-5 radiculopathy. Treatment to date has included diagnostic studies, radiographic imaging, conservative care, medications and work restrictions. Currently, the injured worker continues to report right foot, right ankle and low back pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on April 16, 2015, revealed continued pain as noted. He continued to work full time with restrictions. Medications including Percocet, Motrin, Prilosec, Zanaflex, Prozac and Neurontin were continued. Evaluation on July 28, 2015, revealed continued pain as noted. The pain was not rated. Evaluation on August 25, 2015, revealed right foot, ankle and low back pain. He rated his pain at 6 without medications and at 4 on a 1-10 scale with 10 being the worst with Percocet. He was noted to continue to work with restrictions. He denied any side effects of the current medications and there were no aberrant behaviors noted. Urinary drug screen was noted as consistent with expectations. It was noted he discontinued Motrin and Prilosec secondary to Motrin not being very helpful. He discontinued Norco and started Percocet secondary to requiring 3 Norco 3 times daily and feeling dizzy with increased pain. He was noted to be taking Percocet 1 tablet, 3 times daily. In addition he was

noted to be taking 4 Zanaflex per day which was noted as "too much" and it was decreased to 1 at night for myofascial pain. He also noted he was unable to tolerate Neurontin. He noted significant constipation with the use of narcotics. It was noted he ambulated normally and appeared to be in no acute distress. Work restrictions and medications were continued. The request for Retro Zanaflex 4mg four times a day #120, was non-certified on the utilization review (UR) on August 12, 2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro Zanaflex 4mg four times a day #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**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 frequent use of Zanaflex for several months along with NSAIDs and opioids. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Zanaflex is not medically necessary.