

<b>Case Number:</b>	CM15-0197546		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	11/18/2009
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

### 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 54 year old female, who sustained an industrial injury on 11-18-09. Medical records indicate that the injured worker is undergoing treatment for lumbar sprain-strain, lumbar radiculitis, lumbar facet syndrome, chronic lumbar myofascial pain, bilateral trochanteric bursitis, anxiety and depression. The injured workers current work status was not identified. On (8-6-15) the injured worker complained of a flare-up of back pain. Examination of the lumbar spine revealed significant tenderness over the paraspinal musculature and moderate muscle spasms in the lower lumbar four-lumbar five facet joints and bilateral sacrum. Range of motion revealed forward flexion at 50 degrees and extension 20 degrees. A Kemp's test was positive bilaterally. Neurological examination showed no focal deficits. The injured worker was also noted to have significant right hip pain. Gaenslen's was negative bilaterally. Treatment and evaluation to date has included medications, pain psychiatric assessments, urine drug screen, epidural steroid injections, facet injections and physical therapy. Current medications include Tramadol, Zanaflex (since at least March of 2015), Celebrex, Omeprazole, Welbutrin, Lorazepam and Ambien. The progress noted dated 6-9-15 indicates that the injured worker had significant improvement with Zanaflex for her chronic myofascial pain. The request for authorization dated 8-6-15 includes a request for Zanaflex 2 mg # 60. The Utilization Review documentation dated 9-25-15 non-certified the request for Zanaflex 2 mg # 60.

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

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

**Zanaflex 2 MG Qty 60:** Upheld

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

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

**Decision rationale:** Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of Zanaflex is not substantiated in the records. The request is not medically necessary.