

<b>Case Number:</b>	CM15-0023253		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	10/06/1995
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 59 year old male who sustained a work related injury on October 6, 1995, after slipping and falling off a luggage cart at an airport, holding a 50 pound bag injuring his neck, back and knee. He was diagnosed with cervical disc herniation and spondylosis with bilateral upper extremity radiculopathy pain and myofascial strain and lumbosacral disc degeneration. The injured worker had an anterior cervical discectomy and fusion performed. Treatment included physical therapy, muscle relaxants and pain medications. Currently, in December 2014, the injured worker complained of chronic back pain and lower extremity pain and weakness. On January 9, 2015, a request for one prescription of Zanaflex 4 mg, one tablet three times daily was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg 1 tablet three times daily outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for Pain) Page(s): 23,56-57,63,74,97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): 63-66.

**Decision rationale:** The claimant is nearly 20 years status post work-related injury and continues to be treated for chronic pain. Treatments have included muscle relaxants, prescribed on a long term basis. Zanaflex 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 muscle relaxants have been prescribed on a long-term basis. It is therefore not medically necessary.