

<b>Case Number:</b>	CM15-0222055		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	02/10/1999
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2015

### 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: Pennsylvania

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 62-year-old female who sustained an industrial injury on 2-10-1998 and has been treated for thoracic spine pain, unspecified dorsalgia, cervical degenerative joint disc disease, and cervicalgia. On 10-23-2015 the injured worker reported pain rated 3 out of 10, but stated that without medication it is often a 9. She also reported poor sleep. Objective findings include trigger point with radiating pain and twitch response with cervical paraspinal muscle palpation, tenderness, cervical straightening, myofascial spasm, and the physician noted reduced range of motion. The sensory examination was "intact" to light touch and pinprick. Documented treatment includes physical therapy, cervical epidural block with steroids, facet joint injections, chiropractic treatment, acupuncture, trigger point injection 9-20-2015 which is "wearing off," and a medial branch block 10-12-2015 was "not beneficial." Medications include Percocet, Acetaminophen, Amitriptyline, Amlodipine, Ativan, cyclobenzaprine, Cymbalta, Duloxetine, Estradiol, Gabapentin, Hydrocodone-Acetaminophen 5-325 mg, Ibuprofen, and she has been treated with Zanaflex since 9-10-2015 when she was noting "increased muscular spasm." It was noted in the 10-2-2015 visit that the current medication regimen which included Zanaflex was "beneficial." The 10-23-2015 note states that medication is providing functional benefit and improved quality of life including improving the injured worker's ability to engage in activities of daily living including self-care. It is stated that there are no adverse side effects, no aberrant behaviors, a pain contract is on file, and CURES reports and urine drug screening have been "consistent." The injured worker was at one point being prescribed Tramadol by another provider

but this is no longer the case. The treating physician's plan of care includes a refill of Zanaflex, but this was denied on 11-4-2015.

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

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

**Zanaflex:** 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:** Zanaflex is a muscle relaxant. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement and there is no additional benefit shown in combination with NSAIDs. Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity and is used off label for low back pain. In this case, the long term use of a muscle relaxant is not appropriate. The record indicates this worker has been using the medication for several weeks. While short term treatment with this medication for an acute exacerbation may have been appropriate, the continued long term use is not. The request is not medically necessary.