

<b>Case Number:</b>	CM15-0035162		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	12/05/2005
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 40-year-old female who sustained an industrial injury on December 5, 2005. There was no mechanism of injury documented. No surgical interventions were addressed. The injured worker was diagnosed with cervical spine sprain/strain with bilateral upper extremity radiculitis, C2-C6 disc bulges, multi-level facet arthropathy, osteoarthritis, lumbar spine sprain/strain with bilateral lower extremity radiculitis and multi-level disc bulge. According to the primary treating physician's progress report on January 5, 2105 the objective examination of the cervical spine was noted as tender to palpation with spasm and positive twitch response, positive axial compression and decreased active range of motion. The lumbar spine was tender with spasm, positive straight leg raise and decreased active range of motion. Current medications consist of Tylenol #3, Pamelor, Fexmid and Zanaflex. Current treatment modalities consist of continuation of home exercise program and medication. The injured worker was to return to work with customary duties. The treating physician requested authorization for Zanaflex 2mg #120. On January 28, 2015, the Utilization Review denied certification for Zanaflex 2mg #120. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 2 mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical spine sprain/strain with bilateral upper extremity radiculopathy; and lumbosacral sprain/strain with bilateral lower extremity radiculopathy. The documentation is handwritten and largely illegible. There are two progress notes in the medical record. One progress note is dated July 22, 2014 and there are no medications listed in the progress note. The second progress note was dated January 5, 2015 and contains to muscle relaxants prescribed concurrently, Zanaflex 2mg and Fexmid 7.5 mg. Objectively, in the January 5, 2015 progress note there is no documentation of low back spasm. There is no clinical rationale the medical record explaining the use of two muscle relaxants concurrently. Additionally, muscle relaxants are indicated for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of an acute exacerbation in chronic low back pain. There is no evidence of an acute exacerbation. The treating physician prescribed Zanaflex 2 mg #120. This translates into Zanaflex 2 mg one b.i.d. with a one-month supply. The guidelines recommend short-term (less than two weeks). The treating physician has exceeded the recommended guidelines. Consequently, absent compelling clinical documentation to support the dual use of two muscle relaxants prescribed concurrently in contravention of the recommended guidelines for short-term (less than two weeks) treatment of acute low back pain and oriented exacerbation of chronic low back pain, Zanaflex 2 mg #120 is not medically necessary.