

<b>Case Number:</b>	CM15-0041988		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	02/21/2013
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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 Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 67 year old male, who sustained an industrial injury on February 21, 2013. He reported slipping and falling with injury to his hip and right knee. The injured worker was diagnosed as having lumbar spine sprain/strain, hypertrophic facet disease of the lumbar spine, left lower extremity radiculopathy, left knee sprain/strain, and internal derangement of the left knee. Treatment to date has included lumbar spine MRI, physical therapy, injection therapy, and medication. Currently, the injured worker complains of ongoing pain and stiffness to his lumbar spine radiating down the left leg, and persistent pain to the left knee. The Primary Treating Physician's report dated January 22, 2015, noted examination of the lumbar spine revealed tenderness to palpation over the paraspinal musculature with spasticity, and referred pain to the left buttock and left lower extremity. Straight leg raises were positive on the left. Examination of the left knee was noted unchanged from the previous visit. A lumbar spine MRI was noted to show hypertrophic facet disease at the bilateral L5-S1 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain, does not have clear excacerbation of pain and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, the request for Zanaflex 4mg #60 is not medically necessary.