

<b>Case Number:</b>	CM14-0126518		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/09/1999
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 55-year-old male who reported injury on 08/09/1999. The mechanism of injury was not included. The diagnoses included degenerative lumbar/lumbosacral intervertebral disc, displacement of a lumbar disc, brachial neuritis/radiculitis, thoracic/lumbosacral neuritis/radiculitis, lumbago, degenerative cervical intervertebral disc, unspecified myalgia and myositis, and cervicgia. The past treatments have included acupuncture, medications, and injections. An MRI of the lumbar spine, dated 01/20/2001, noted a 3 mm disc bulge at L4-5 and a 3 mm disc bulge at L5-S1 with mild to moderate bilateral facet hypertrophy without central or lateral spinal stenosis. The progress note, dated 07/08/2014, noted the injured worker complained of increased low back pain and bilateral leg pain, left greater than right. The injured worker reported having difficulty filling his medications to include Percocet, Wellbutrin and Valium which were not covered, and also reported poor sleep quality even when taking Zanaflex at night. His average pain since his last visit was reported as a 7/10. The physical exam notes the injured worker continued to have pain with numbness and tingling in both legs, without new neurological deficits, and was noted to be otherwise unchanged from his last visit. The medications included Aciphex 20 mg once a day as needed, Ambien 10 mg every night, Baclofen 20 mg 3 times a day as needed, Percocet 10/325 mg 3 times daily as needed for pain, phentermine 37.5 mg 1 twice a day as needed, Senokot-S 8.6/50 mg 1 to 2 tablets 3 times a day as needed, Viagra 50 mg 1 tablet as needed, and Zanaflex 4 mg 1 to 2 at bedtime as needed. The treatment plan requested to continue medications including OxyContin 30 mg twice a day #60, a nerve conduction study of the lower extremity, aquatic therapy/physical therapy, a weight loss program, a sleep study, to consider injection therapy for cervical and lumbar spine, and a consult with a spine surgeon to rule out surgical options. The rationale for Zanaflex is not included. The Request for Authorization form was not submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg 1-11 (One to Two) By Mouth, Every Day at Bedtime (po qhs) #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

**Decision rationale:** The request for Zanaflex 4mg 1-11 (One to Two) By Mouth, Every Day at Bedtime (po qhs) #60 is not medically necessary. The injured worker had increased low back pain and bilateral leg pain, left greater than right. He reported his sleep quality to be poor even when taking his Zanaflex at night. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Zanaflex is FDA approved for the management of spasticity with unlabeled use for low back pain. There was no documentation of the quality of pain. There was no documentation of failure of first line medications. There was a lack of documentation indicating the injured worker had significant objective functional improvement with the medication. The injured worker reported poor sleep quality even when taking the Zanaflex at night. The rationale for the request is not indicated within the provided documentation. The injured worker has been prescribed Zanaflex since as early as 09/2013. The continued use of this medication exceeds the guideline recommendation for a short course of treatment. Given the extended period of use of Zanaflex, and the lack of documentation of efficacy of the medication, the continued use of Zanaflex is not supported at this time. Therefore, the request is not medically necessary.