

<b>Case Number:</b>	CM14-0138238		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in California and Washington. 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 53-year-old male who reported an injury on 11/30/2009. The mechanism of injury was a fall. The diagnoses included cervical contusion, headaches, loss of consciousness, cervical sprain, thoracic sprain, and lumbar sprain. The previous treatments included medication and epidural steroid injections. The diagnostic testing included an MRI. On the clinical note dated 07/23/2014, it was reported the injured worker complained of intermittent pain. He described the pain as sharp, pain that shoots down the leg, and now constant. Medication regimen included Naprosyn, Norco, gabapentin, Norflex, Zofran, and Zanaflex. Upon the physical examination, the provider noted the injured worker's vital signs. The provider requested Zanaflex 4 mg. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated 07/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg quantity: 12.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64..

**Decision rationale:** The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 04/2014, which exceeds the guideline recommendation of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.