

<b>Case Number:</b>	CM14-0147605		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	04/27/2014
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 30-year-old female with a reported date of injury on 04/27/2014. The mechanism of injury was noted to be due to a lift and twist. Her diagnoses were noted to include cervicalgia, cervical disc syndrome, cervical myofasciitis/myositis, thoracalgia, lumbar disc bulge, lumbar myofasciitis, lumbar muscle spasms, sacroiliac joint inflammation and post-traumatic gastritis from medication. Her previous treatments were noted to include physical therapy and medications. The progress note dated 08/19/2014 revealed complaints of neck pain that radiated to the right side to the trapezius and rhomboid region. The injured worker complained of lower back pain that was central or right side low back pain that radiated into the sacroiliac, right buttock and lateral thigh. Physical examination of the cervical spine revealed decreased range of motion with a negative Spurling's. Physical examination of the lumbar spine revealed range of motion with moderate to dense hypertonicity in the bilateral paravertebral on the right sacroiliac region. There was a positive straight leg raise on the right side. The cervical spine orthopedic tests were positive for the cervical compression, foraminal compression bilaterally and Jackson's compression bilaterally, as well as Soto-Hall test and shoulder depressor. The lumbar spine evaluation revealed positive Kemp's, Patrick's/Faber and straight leg raise bilaterally. The sacroiliac testing was positive for bilateral Hibb's and Yeoman's. The motor strength test rated 5/5 in all myotomes. The request for authorization form dated 08/19/2014, was for Zanaflex 4 mg #60 for muscle spasm and stiffness.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #60:** Upheld

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

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

**Decision rationale:** The injured worker has been utilizing the medication since at least 08/2014. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The injured worker has been utilizing muscle relaxants since at least 01/2014. There is a lack of documentation regarding efficacy and objective functional improvement. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.