

<b>Case Number:</b>	CM14-0180164		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	05/04/1999
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker is a male with date of injury 5/4/1999. Per primary treating physician's progress report dated 10/8/2014, the injured worker complains of lower backache. He rates his pain with medications as 1/10 and without medications as 9/10. He denies any other symptoms other than pain. His quality of sleep is fair, and he denies any new injury since last visit. Activity has remained the same. He states medications are working well and he reports no side effects. On examination the injured worker ambulates without a device. His gait is normal. Lumbar spine range of motion is restricted with flexion limited to 60 degrees, extension limited to 15 degrees limited by pain, right and left lateral bending limited to 15 degrees. Lateral rotation to the right and left is normal. Paravertebral muscles are normal. Lumbar facet loading is positive on both sides. Straight leg raising test is negative. Diagnoses include 1) spinal/lumbar degenerative disc disease 2) low back pain 3) spasm of muscle.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) section Page(s): 63-66.

**Decision rationale:** Zanaflex is FDA approved for the management of spasticity. The use of muscle relaxants for pain is recommended with caution as a second-line option for short term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. Medical records provided for review indicate that the injured worker has been taking Zanaflex for at least two years. His current complaints and objective findings do not indicate that he is experiencing muscle spasm currently. He does not have any new injury or an exacerbation of a chronic injury. There is no indication in the medical records provided for review that there have been attempts or discussion of reducing the use of Zanaflex. Medical necessity has not been established within the recommendations of the MTUS Guidelines. Therefore, the request is not medically necessary.