

<b>Case Number:</b>	CM14-0182980		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

33y/o female injured worker with date of injury 8/28/13 with related low back and right knee pain. Per progress report dated 7/29/14, the injured worker complained of continued pain and stiffness to her low back radiating to her right buttock and down the right leg, with numbness and tingling in her right leg. She also complained of ongoing pain and stiffness to her right knee, with swelling and giving way of the knee. Per physical exam, there was tenderness to palpation over the paraspinal region and right sacroiliac dimple, with spasms present. Straight leg raise was positive on the right. Examination of the right knee revealed tenderness to palpation over the medial and lateral joint lines. Treatment to date has included physical therapy, chiropractic manipulation, and medication management. The date of UR decision was 10/9/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #60:** Overturned

**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 Antispasticity/antispasmodics Page(s): 66.

**Decision rationale:** Per MTUS CPMTG p66 "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The documentation submitted for review contains evidence of low back pain and spasm. I respectfully disagree with the UR physician's assertion that there were no details to support the medical necessity of the request. The request is medically necessary.