

<b>Case Number:</b>	CM14-0081908		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	05/08/2003
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 57-year-old male with a 5/6/03 date of injury. At the time (5/20/14) of the Decision for Zanaflex 4mg #120, there is documentation of subjective (ongoing pain in the knees and shoulders, and improved pain in the low back and neck) and objective (no significant changes) findings, current diagnoses (tear of medial meniscus of the knee), and treatment to date (ongoing treatment with Zanaflex with improved function and pain). There is no documentation of spasticity or acute exacerbation of chronic low back pain and short-term (less than two weeks) treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of a diagnosis of tear of medial meniscus of the knee. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of improved function and pain with Zanaflex, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Zanaflex. However, there is no documentation of spasticity or acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Zanaflex, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4mg #120 is not medically necessary.