

<b>Case Number:</b>	CM14-0098219		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/08/2002
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Internal 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:

The injured worker is a 56 year old female who sustained an injury on 12/08/02. The injured worker has been followed for ongoing complaints of low back pain radiating to the lower extremities. Prior treatment includes radiofrequency ablation procedures in the thoracic spine above a prior T10 to S1 lumbar fusion. The injured worker has had a spinal cord stimulator implanted. As of 05/28/14 the injured worker had persistent mid to low back pain. Medications have included narcotics as well as Lyrica, Zanaflex, and Alprazolam. The injured worker indicated that Zanaflex did decrease myofascial spasms above the prior fusion region of the mid and low back. The injured worker's physical exam noted myofascial spasms in the mid to lower back with tenderness to palpation. The injured worker's Zanaflex prescription was denied on 06/05/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg; q8hrs for 3 months #270:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-67.

**Decision rationale:** In regards to the use of Zanaflex 4 milligrams quantity 270 for three months, this reviewer would not have recommended this medication as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this reviewer would not have recommended the ongoing use of this medication.