

<b>Case Number:</b>	CM14-0098527		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/09/1999
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/04/2014
<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 Anesthesiology, has a subspecialty in 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:

The injured worker is a 55 year old male who sustained a work related injury on 08/09/1999. There is no documentation of mechanism of injury. He has been diagnosed with chronic low back pain, left greater than right leg pain, multilevel degenerative disc disease, myofascial pain/spasms, chronic neck pain, reactive depression, anxiety, left knee pain, and general deconditioning. The most recent medical records submitted for review is dated 04/21/14. The injured worker followed up for reevaluation noting he has had increased low back, neck and bilateral leg pain, left greater than right. Standing and walking cause severe pain. He is ambulating with a cane. He is doing fair with his current medication. The Nucynta trial was discontinued due to nausea. Due to this reasoning he took more Percocet than prescribed. His sleep quality is poor. His oxycontin was reduced as well last time, hence what he did. Average pain since last visit is 7/10. Mood since last visit is 7/10. Functional level since last visit is 7/10. He complains of poor sleep quality due to pain. MRI of the lumbar spine dated 10/20/11 revealed posterior disc bulges of 3 to 4 mm at L4 to 5 and 4 to 5 mm at L5 to S1 with mild to moderate central canal narrowing at L4 to 5. Facet hypertrophy is bilaterally severe at L4 to 5 and mild to the right at L5 to S1. Neural foraminal narrowing is mild on the left and moderate on the right at L4 to 5. Current medication is Aciphex, Ambien, Baclofen, Percocet 10/325, Fentamine, Senokot, Viagra, Zanaflex. Physical examination otherwise healthy appearing male, in no acute distress, no signs of sedation or withdrawal. He continues to have ongoing back and leg pain. He continues to have pain with numbness and tingling in both legs. He is using a cane to aid with ambulation, antalgic gait, no new neurological deficits are noted. Exam remains unchanged. Diagnoses are listed as cervical spondylosis without myelopathy, displacement of lumbar disc without myelopathy, degenerative cervical intervertebral disc disease, degenerative lumbar intervertebral disc disease, brachial neuritis/radiculitis, unspecified myalgia and myositis,

cervicalgia. Prior utilization review dated 06/04/14 the Zanaflex was modified for only one month to allow time to show need with baclofen use. There have been no additional medical records submitted for review after the utilization review in June of 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Zanaflex 4mg Units/Days requested :2: 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 (For Pain) Page(s): 63-66.

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, 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. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the two to four week window for acute management also indicating a lack of efficacy if being utilized for chronic flare ups. As such, the medical necessity of this medication cannot be established at this time. Prior utilization review dated 06/04/14 the Zanaflex was modified for only one month to allow time to show need with baclofen use. There have been no additional medical records submitted for review after the utilization review in June of 2014. The request is not medically necessary.