

<b>Case Number:</b>	CM14-0179452		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	07/05/1995
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old male, who sustained an industrial injury on 7/5/1995. The current diagnoses are chronic low back pain, status post lumbar decompression L4-5 and L5-S1 with subsequent revision, lumbar degenerative disc disease, lumbar radiculopathy, and depression secondary to chronic pain. According to the progress report dated 4/16/2014, the injured worker complains of constant low back pain with radiation into the posterior aspect of both legs to the soles of his feet with associated paresthesia. He reports an increase in paresthesia in bilateral lower extremities with intermittent weakness. The physical examination of the lumbar spine reveals moderate tenderness over the bilateral paraspinal muscles and bilateral gluteal muscles. Range of motion is limited, causing him to grimace. The pain is rated 6/10 with medications and 8/10 without. The current medications are OxyContin, Norco, Neurontin, Zanaflex, Lidoderm patch, Lunesta, Senokot, Prilosec, and Cymbalta. Most current urine drug screen dated 2/13/2014 was consistent with prescribed medications. Treatment to date has included medication management, MRI studies, lumbar brace, TENS unit, home exercise program, and surgical intervention. He declined treatment with lumbar epidural steroid injections. The MRI dated 3/7/2014 showed degenerative changes at L2-3 and L3-4 as well as a compression deformity at L3. The plan of care includes prescription for Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 1995. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Zanaflex 2mg #60 is not medically necessary and appropriate.