

<b>Case Number:</b>	CM15-0010378		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	06/30/2004
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 61 year old female, who sustained an industrial injury on 06/30/2004. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed with status post artificial disc replacement at lumbar four to five with anterior posterior fusion at lumbar five to six and lumbarized sacral one, left greater than right lumbosacral radiculopathy, bilateral foot pain radicular versus peripheral neuropathy, exacerbation of low back and lower extremity pain with concurrent abdominal pain, insomnia secondary to chronic pain, and chronic pain. Treatment to date has included an oral medication regimen, above listed surgical procedures, physical therapy, home exercise program, and laboratory studies. Currently, the injured worker complains of chronic intractable low back pain that radiates to the bilateral lower extremities with muscle spasm along with neuropathic symptoms. The documentation provided did not indicate the requested treatment for Zanaflex, on 12/30/2014, Utilization Review non-certified the requested treatment of Zanaflex 4mg with a quantity of 10, noting the California Medical.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain, does not have clear exacerbation of back pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, the request for Zanaflex 4 mg #10 is not medically necessary.