

<b>Case Number:</b>	CM15-0112694		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2015

### 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, Alabama, 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 42 year old male, who sustained an industrial injury on 05/22/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having thoracic musculoligamentous sprain/strain, lumbar musculoligamentous sprain/strain with right sacroiliac joint sprain, rule out herniated nucleus pulposus, bilateral lower extremity radiculitis, disc protrusion effacing the thecal sacroiliac with minimal abutment of the left sacroiliac nerve root, posterior annular tear at lumbar five to sacral one, and disc protrusions at lumbar three to four and lumbar four to five as noted on an magnetic resonance imaging performed on 11/01/2014; left shoulder sprain/strain; and right ankle sprain/strain with mild tendinitis. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, ultrasound of the left shoulder, and ultrasound of the right ankle. In a progress note dated 04/07/2015 the treating physician reports complaints of continued, moderate to severe, achy, sore pain to the low back with radicular symptoms to the bilateral lower extremities along with complaints of numbness and weakness. Examination reveals tenderness and spasms on palpation to the lumbar paraspinal muscles, tenderness to the right sacroiliac joint, a positive straight leg raise, a positive stress test to the right sacroiliac joint, decreased range of motion to the lumbar spine, and a decreased sensation to the lumbar five to sacral one dermatomes. The injured worker's current medication regimen includes Norco, Anaprox DS, and Zanaflex. The injured worker's current pain level was rated a 9 out of 10 on a scale of 0 to 10 with use of his medication regimen and a pain level of a 6 out of 10 without use of his medication regimen. The treating physician notes

that the injured worker's current medication regimen decreases his symptoms allowing him to perform activities of daily living. The treating physician requested Zanaflex 2mg with a quantity of 60 for treatment of spasm to resume activity and function.

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

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

**Zanaflex 2 mg #60:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxants is 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 was previously treated with Zanaflex for at least more than 4 months, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Therefore, the request for Zanaflex 2mg #60 is not medically necessary.