

<b>Case Number:</b>	CM15-0115119		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	04/23/2003
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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 male who sustained an industrial injury on April 23, 2003. He reported neck pain and low back pain. The injured worker was diagnosed as having status post cervical fusion in 2008 and cervical fusion at an earlier date, chronic low back pain and left lower extremity pain status post lumbar laminectomy, facetectomy and foraminotomy in 2014, status post lumbar discectomy in 2003, status post radiofrequency ablation of the bilateral lumbar 4 through lumbar 5 levels in 2007, chronic right knee pain, chronic left shoulder pain since the 2008 neck surgery, left foot pain, positive Electrodiagnostic studies for left ulnar neuropathy and sensory peripheral neuropathy of the left leg. Treatment and evaluation to date has included radiographic imaging, diagnostic studies, multiple surgical interventions of the neck and low back, conservative care, physical therapy, radiofrequency ablation, medications and work restrictions. Currently, the injured worker complains of continued low back pain and neck pain. The injured worker reported an industrial injury in 2003, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. Magnetic resonance imaging (MRI) on March 13, 2014, revealed disk osteophyte at lumbar 5 through sacral 1 levels and moderate bilateral foraminal stenosis. Electrodiagnostic studies revealed sensory peripheral neuropathy of the left leg. He noted some benefit with previous radiofrequency ablation. Evaluation on November 13, 2014, revealed he was continuing to recuperate from lumbar surgery in June of 2014. It was noted he was down to ½ to 1 pain pill per day, was working full time and was walking for exercise. He reported Gralise was very beneficial in reducing lower extremity radiating pain and symptoms. He noted he did not require

the current medications Ambien or Lidoderm patches at this time. Evaluation on December 4, 2014, revealed decreased leg pain. He continued to work however; he reported neck and back pain by the end of the day. Evaluation on January 12, 2015, revealed continued pain as noted. He reported requiring Ambien to sleep. He noted having difficulties making it through the work day secondary to pain. He reported the medication to protect his stomach was not beneficial in reducing stomach pains. He reported continuing to take ½ to 1 tablet of pain medication daily to reduce the pain level from 9 to 5 at the best on a 1-10 scale with 10 being the worse. Evaluation on April 6, 2015, revealed continued pain as noted. He reported stopping Neurontin secondary to experiencing little benefit for nerve pain in the legs. Evaluation on May 5, 2015, revealed continued intermittent pain. He reported only taking pain medication as needed. He noted not liking to take pain medication and having gastrointestinal pain with pain medication use. Pain medication was decreased and tizanidine (Zanaflex) 4 mg #60 was prescribed, 1-2 per day for myofascial pain. A retrospective request for tizanidine (Zanaflex) 4 mg #60 ordered on May 5, 2015 was made.

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

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

#### **Retrospective Zanaflex 4mg #60 for DOS 5/5/15: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** According to the California MTUS Guidelines, Zanaflex is a centrally acting alpha 2-adrenergic agonist that is approved for the management of spasticity and has an off label use for low back pain. One study demonstrated a significant decrease in pain associated with myofascial pain syndrome. In this case, the treating physician documented the presence of myofascial pain. The injured worker was working full time. The injured worker reported gastrointestinal pain with the use of pain medications. He reported taking a decreased amount of norco down to 1 tablet only as needed however continued to have flare ups occasionally that included myofascial pain, low back pain, neck pain and lower extremity neuropathic pain. A trial of Zanaflex for myofascial pain was ordered. The Utilization Review determination stated that the MTUS does not support the long-term use of muscle relaxants, and that there were no extenuating circumstances to support the long-term use of this medication in this case. However, the dose of opioid pain medication had just been decreased, and the injured worker had reported gastrointestinal intolerance to other medication. He was working full time. This was an initial request for zanaflex and there was no indication that this injured worker was taking the medication long term. The request was for an amount consistent with a one-month supply only. As such, the request for zanaflex is medically necessary.