

<b>Case Number:</b>	CM15-0116111		
<b>Date Assigned:</b>	06/24/2015	<b>Date of Injury:</b>	02/26/2001
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/11/2015
<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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 (IW) is a 67-year-old male who sustained an industrial injury on 02/26/2001. Diagnoses/impressions include radiculopathy and spinal/lumbar degenerative disc disease. Treatment to date has included medications, acupuncture, chiropractic, sacroiliac injections, trigger point injections, facet injections and epidural steroid injections. According to the PR2 dated 5/29/15, the IW reported lower back pain rated 1.5/10 with medications and 4/10 without them. She stated her medications were working well and reported no side effects; she was able to perform her activities of daily living and be more active. On examination, there was loss of normal lumbar lordosis, range of motion was restricted and the paravertebral muscles were tender to palpation with a tight muscle band noted bilaterally. Sensation was decreased over the medial right foot. Straight leg raise was positive on the right. Medications included Lidoderm 5% patches, Ambien, Gabapentin, Vicodin, Omeprazole and Zanaflex. A request was made for Zanaflex 4mg, #30 refill 1 for spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #30, 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.