

<b>Case Number:</b>	CM15-0118492		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	10/23/2001
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 York

Certification(s)/Specialty: Pediatrics, 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 43-year-old female, who sustained an industrial injury on 10/23/2001. She has reported subsequent neck and back pain and was diagnosed with degeneration of cervical intervertebral disc, displacement of cervical intervertebral disc, cervical and lumbosacral radiculopathy, chronic pain syndrome and myalgia. Treatment to date has included medication, application of heat and ice, a home exercise program, physical therapy and massage therapy. Documentation shows that the injured worker was prescribed Zanaflex since at least 11/03/2014. In a progress note dated 05/26/2015, the injured worker complained of mild back, bilateral arm and neck pain that was rated as 3/10. Objective findings were notable for pain with range of motion of the neck, crepitus and tenderness of the trapezius, pericervical and facets and pain with facet loading maneuvers. The injured worker's pain was noted as having improved with the use of other oral medications taken by the injured worker including opioid and anti-depressant medication but there was no mention as to the effectiveness of Zanaflex. A request for authorization of Zanaflex 4 mg #60 was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #60:** 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): 63-64.

**Decision rationale:** As per CA MTUS guidelines, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain." The documentation submitted shows that Zanaflex had been prescribed to the injured worker as far back as 11/03/2014 and as per MTUS guidelines this medication is only recommended for short term use. The most recent progress notes mention the effectiveness of other medications at reducing pain, but there is no discussion as to the effectiveness of Zanaflex at reducing pain or increasing function. In addition, MTUS guidelines indicate that this medication is to be used for acute exacerbations of pain but there is no evidence of an exacerbation. Therefore, the request for authorization of Zanaflex 4 mg #60 is not medically necessary.