

<b>Case Number:</b>	CM15-0171422		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	02/17/2006
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 56-year-old male with an industrial injury dated 02-17-2006. He was being treated for status post transforaminal lumbar interbody fusion at lumbar 3-lumbar 4, severe chronic pain and break through pain, failed back surgery syndrome, chronic pain syndrome, neuropathic pain of bilateral lower extremities, myofascial pain with musculoskeletal spasm, multiple trigger points at lumbar 3-sacral 1 bilaterally and anxiety and depression due to chronic pain. He presented on 07-08-2015 with complaints of constant low back pain rated as 8 out of 10 without medications and intermittent right wrist-hand pain rated as 3 out of 10. He also complains of anxiety, depression, stress and insomnia. Prior notes dated 04-29-2015 and 06-04-2015 documented the injured worker's back pain as 8 out of 10. The injured worker remained off work as of the 07-15-2015 note. Physical exam noted tenderness over the lumbar 3 through sacral 1 and bilateral sacroiliac joints. Range of motion demonstrated forward flexion of 10 degrees, extension of 5 degrees and right and left lateral bend of 5 degrees. Straight leg raise was positive on the right. His current medications included Norco, Cymbalta, Flexeril and Omeprazole "which help with 50% relief and with the activities of daily living." The progress note dated 02-04-2015 listed Zanaflex as one of the injured worker's medications. The request for authorization dated 07-08-2015 is for Retro: Zanaflex 4 mg #90 date of service 7/8/2015. On 08-03-2015 the request for Retro: Zanaflex 4 mg #90 date of service 7/8/2015 was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Zanaflex 4mg #90 date of service 7/8/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**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 exacerbation 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 pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, the patient has been using muscle relaxants on chronic basis without objective evidence of functional improvement. Therefore, the request for Zanaflex 4mg #90 is not medically necessary.