

<b>Case Number:</b>	CM15-0171609		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	02/07/2003
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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: Arizona, California  
 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 is a 55 year old male, who sustained an industrial injury on February 7, 2003. Medical records indicate that the injured worker is undergoing treatment for lumbar disc degeneration, failed laminectomy syndrome and major depression. The injured worker was noted to be on disability. Current documentation dated July 20, 2015 notes that the injured worker reported severe back pain with muscle spasms. The pain radiated down the right leg with an associated burning sensation. The pain was rated 8 out of 10 on the visual analogue scale with medications. The injured worker underwent recent laparoscopic lysis of adhesions from a previous abdominal approach to his back surgery. Examination of the lumbar spine revealed a limited range of motion. The left Achilles reflex was absent. Sensation was diminished in the left lateral calf and bottom of the foot. Subsequent documentation dated 6-22-2015, 5-8-2015, 4-20-2015 and 3-23-2015 notes that the injured workers pain levels remained unchanged, rated 8-9 out of 10 with medications. Treatment and evaluation to date has included medications, radiological studies, computed tomography scan, physical therapy, acupuncture treatments and a lumbar spine fusion. Current medications include Norco, Mobic, Cymbalta, Neurontin, Lunesta, Colace, Senokot and Zanaflex (since January of 2012). Urine drug screens were noted to be appropriate. Current requested treatments include Zanaflex 4 mg # 60. The Utilization Review documentation dated August 5, 2015 non-certified the request for Zanaflex 4 mg #60.

### 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 Medical Treatment 2009.

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

**Decision rationale:** According to the MTUS guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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. In this case, the claimant had been on Zanaflex for over 3 years and recently in combination with Mobic (NSAIDS). Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Zanaflex is not medically necessary.