

<b>Case Number:</b>	CM15-0069956		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	08/16/2006
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, who sustained an industrial injury on 8/16/06. He reported pain in his back and left upper extremity related to a fall. The injured worker was diagnosed as having left ulnar neuropathy, left elbow fracture, chronic low back pain and chronic neck pain. Treatment to date has included acupuncture, a lumbar epidural injection, an EMG study and pain medications. On 2/12/15, the injured worker reported left lower extremity radiating symptoms from his back have returned and he would like to repeat a lumbar epidural injection. As of the PR2 dated 3/10/15, the injured worker reports ongoing pain in his lower back, left upper extremity and left lower extremity. He rates his pain 5/10 with medications. The lumbar epidural injection was denied. The treatment plans includes continuing current medications and requesting a lumbar epidural injection. The treating physician requested to continue (retrospective) Zanaflex 4mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective ( DOS 2/25/15) Zanaflex 4mg #60: Upheld**

**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.

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations 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, and has been using Zanaflex for a longtime without any evidence of spasm relief and functional improvement. Furthermore, there is no documentation contraindicating the use of NSAID's for this patient's condition. Therefore, the retrospective request for Zanaflex 4mg #60 is not medically necessary.