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| <b>Case Number:</b>   | CM15-0073345 |                              |            |
| <b>Date Assigned:</b> | 04/23/2015   | <b>Date of Injury:</b>       | 07/15/2013 |
| <b>Decision Date:</b> | 05/20/2015   | <b>UR Denial Date:</b>       | 04/07/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/17/2015 |

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 33 year old male, who sustained an industrial injury on 07/15/2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post microdiscectomy at lumbar four to five, degenerative disc disease, edematous changes at lumbar four to five, and superficial wound infection. Treatment to date has included status post microdiscectomy at lumbar four to five and medication regimen. In a progress note dated 03/13/2015 the treating physician reports complaints of back pain along with a superficial wound infection that is noted to have erythema and pus from the sutures. The treating physician requested the medication of Zanaflex 4mg with a quantity of 60 with the treating physician noting that the injured worker would like to try this medication in place of Flexeril. The treating physician also notes the injured worker is to be completely weaned from Norco in a month and that the injured worker is unable to take anti-inflammatories due to gastrointestinal upset.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg Qty: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64 and 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pg 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The Zanaflex 4mg Qty: 60.00 is not medically necessary and appropriate.