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| <b>Case Number:</b>   | CM13-0024698 |                              |            |
| <b>Date Assigned:</b> | 12/18/2013   | <b>Date of Injury:</b>       | 07/21/2004 |
| <b>Decision Date:</b> | 03/13/2014   | <b>UR Denial Date:</b>       | 08/23/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/16/2013 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 63-year-old female with date of injury 07/21/2004. The mechanism of injury was the patient had been grabbed and pulled from her left arm twice, while working on a rehab unit, which resulted in immediate neck and left arm pain. Subsequently, she was given medications and taken off work. The patient also received physical therapy and reports that the medication and physical therapy was of no relief. The patient was then recommended for epidural injections, but no surgery. The diagnoses are cervical sprain/strain and left shoulder sprain, multilevel degenerative disc disease and instability at C3-4, C5-6, cervical radiculopathy due to the injury. The patient is status post C3-6 ACD. She has chronic neck pain, dysphasia, and tremors. The patient was prescribed a home exercise program which has been beneficial. The patient has been on Zanaflex 3 times a day with benefit for spasms. Also included in the medications are Celebrex. The MRI on 10/21/2011 revealed no stenosis nor herniated discs. However, spondylosis at L5; 2 mm disc bulge at L5-S1 was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine (Zanaflex) 2mg 90 tab:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 66.

**Decision rationale:** The California MTUS Guidelines states that Zanaflex demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the first line option to treat myofascial pain. The request for the Zanaflex 2 mg is non-certified. On physical exam, the patient showed 5/5 in bilateral upper extremities and all major muscle groups. Range of motion of the neck was 40 degrees flexibility; extension 30 degrees; rotation 40 degrees. Compression sign was negative bilaterally. The documentation provided did not indicate any significant neurological and functional deficits or myofascial pain; as such, the request is non-certified.