

<b>Case Number:</b>	CM13-0032435		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	03/19/2014	<b>UR Denial Date:</b>	09/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck and left shoulder pain reportedly associated with an industrial injury of July 31, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; a TENS (transcutaneous electrical nerve stimulation) unit; MRI imaging of the cervical spine of August 3, 2013, notable for low-grade degenerative changes of uncertain clinical significance; muscle relaxants; and work restrictions. In a Utilization Review Report of September 3, 2013, the claims administrator partially certified a request for Celebrex, partially certified a request for Nucynta, partially certified a request for Flexeril and denied a request for Zanaflex. The applicant's attorney subsequently appealed. A clinical progress note of December 18, 2013, is notable for comments that the applicant reports persistent numbness and tingling about the left upper extremity. The applicant is described as having borderline ulnar and sensory nerve conduction velocities. A clinical progress note of December 18, 2013 is notable for comments that the applicant reports 4-6/10 neck and shoulder pain. The applicant's quality of sleep is poor. The applicant states that her medications are working well. She is apparently receiving psychotherapy. Her medication list includes Flexeril, Celebrex, Nucynta, Desyrel, Motrin, aspirin, Levoxyl and Extra Strength Tylenol. The applicant is apparently alleging pain secondary to cumulative trauma. Tenderness, spasm, limited upper extremity strength are noted. The applicant is again given medication refills. A functional restoration program is reportedly being considered. A rather proscriptive 5-pound lifting limitation is imposed. It does not appear that the applicant is working with the said limitation in place, which, it has been certainly noted, is unchanged as compared to a prior visit of November 13, 2013.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The Physician Reviewer's decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does note that Zanaflex is FDA approved in the treatment of spasticity and often used for unlabeled purposes of treatment of low back pain, in this case, the applicant has used this and other medications chronically. There has been no evidence of functional improvement as defined in MTUS 9792.20f, despite prior usage of Zanaflex. The applicant has failed to return to work. The applicant remains highly dependent on various medical treatments, medications, injections, etc. All of the above, taken together, imply that prior use of Zanaflex has been unsuccessful. The request for Zanaflex is not medically necessary or appropriate.