

<b>Case Number:</b>	CM13-0047865		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/30/2010
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	10/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, 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 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/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 41-year-old male who reported an injury on 07/30/2010. The mechanism of injury was not submitted. The patient was diagnosed with right shoulder subacromial bursitis, right shoulder impingement, right shoulder AC joint symptoms, right shoulder adhesive capsulitis, right shoulder SLAP lesion, right shoulder rotator cuff tendinosis with supraspinatus intramuscular cyst formation, left shoulder subacromial bursitis, left shoulder impingement, status post removal of hardware, exploration and extension of fusion at C4-5 and C5-6 on 06/26/2012, lumbar radiculopathy, status post right knee surgery x3, right knee chondromalacia patella, facet hypertrophy at L4-5 and L5-S1, neural foraminal stenosis at L4-5 and L5-S1, herniated nucleus pulposus of the lumbar spine, multilevel herniated nucleus pulposus of the thoracic spine, and foraminal stenosis at T3-4, T4-5, T5-6, T9-10, and T10-11. The patient was seen for a follow-up regarding neck pain, low back pain, and bilateral shoulder pain. The patient rated his pain as 7-8/10. The patient had mild back complaints and stated that he was authorized for an epidural steroid injection in the mid-back. The patient reported he continued with his home exercise program as tolerated. The patient had also been authorized for a weight loss program, but was awaiting authorization for a right shoulder surgery. The patient was using Percocet 10/3225 mg 4 to 6 times a day; Zanaflex 4 mg 3 times a day; gabapentin 300 mg 3 times a day; and tramadol 50 mg 4 per day. The patient denied any side effects to the medication. The patient reported the medications decreased his pain and normalized his function. The physical examination revealed a mildly antalgic gait. Inspection of the cervical spine revealed well-healed surgical incisions. The upper extremity neurological exam was intact bilaterally. Bilateral deltoid, biceps, internal and external rotation was 5-/5 on the right. The TA and EHL were 4+/5 on the left. Inversion, eversion, and hamstrings were 5-/5 bilaterally. TH

and EHL were 5-/5 on the right. Range of motion was decreased in all planes in the cervical and lumbar spine. There was pain in the lumbar spine with extension. There was also tenderness to palpation over the thoracolumbar region focally, overlying T11-12 and T12-L1. The patient was recommended Zanaflex 4 mg #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**ZANAFLEX 4MG #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63, 66.

**Decision rationale:** CA MTUS states muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The patient complained of low back pain; however, the clinical documentation submitted for review did not show evidence of acute exacerbation of muscle spasms. Also, the documentation does not show how long the patient has been using Zanaflex, as the guidelines recommend Zanaflex for short-term treatment. Given the lack of documentation to support guideline criteria, the request is non-certified.