

<b>Case Number:</b>	CM13-0061181		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/13/2010
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Internal 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 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 55 year-old female status post injury 7/13/10 when she experienced immediate pain in her right thumb, right wrist and right elbow at work while using a stapler. She was diagnosed with the right carpal tunnel syndrome and De Quervain syndrome. She eventually underwent carpal tunnel surgery but continued with the pain in the right upper extremity, right wrist and right hand. On 11/25/13 the patient reported right upper extremity pain rated 4/10. Objectively the patient had decreased right hand grip and right wrist with painful range of motion and tenderness to palpation. The patient is permanent and stationary; her diagnoses include wrist sprain, carpal tunnel syndrome, chronic pain syndrome, major depressive disorder, history of polysubstance dependence and abuse. Treatments have included work & activity modification, conservative modalities and medication (Tramadol 50mg #60, Zanaflex 4mg #15, Prilosec 20mg #30, Neurontin 300mg #60, Naprosyn 500mg #60). Her medications reduce the intensity of her pain from 3-5/10 to 2-3/10. The disputed issue is Zanaflex 4mg #15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**. ZANAFLEX 4MG #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Antispasmodic and Antispasticity drugs Page(s): 63-66.

**Decision rationale:** Records submitted indicated that the claimant had an h/o of injury in the right hand, right wrist and right upper extremity on 7/13/2010. She was diagnosed with the right carpal tunnel syndrome and De Quervain syndrome. She eventually underwent carpal tunnel surgery but continued with the pain in the right wrist and the right upper extremity. The records also indicated that she also had pain in the right upper trapezius, upper cervical muscles and a significant history of depression and drug abuse. Records submitted also indicated that the patient had been on Zanaflex at least since 2012 for unclear reasons. Chronic pain treatment guidelines indicate that tizanidine is FDA approved for management of spasticity; unlabeled use for low back pain (Malanga, 2008). Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain (Malanga, 2002). Records reviewed do not indicate that the patient has lower back pain and she does not have a diagnosis of fibromyalgia and thus tizanidine does not have an indication and is not medically necessary.