

<b>Case Number:</b>	CM14-0102472		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old female with a 9/15/08 date of injury, and status post right shoulder arthroscopic surgery 6/30/10. At the time (6/3/14) of request for authorization for Zanaflex 2mg capsule, #30 for the bilateral shoulders, there is documentation of subjective (bilateral shoulder pain, pain with medications is rated 5/10 and without medications 8/10) and objective (restricted shoulder movements limited by pain, positive Hawkins, empty can, and tenderness noted in the subdeltoid bursa, 5-5/ muscles strength in elbow flexion and extension, and shoulder abduction, decreased sensation over the thumb, index, and middle finger on the right side) findings. The current diagnoses are shoulder pain. The treatment to date includes activity modification and medications (including ongoing use of Zanaflex since at least 1/14). 5/7/14 medical report identifies that the patient is taking her medications as prescribed and that medications are working well, and that Zanaflex is helpful to reduce spasms. There is no documentation of an acute exacerbation of chronic pain, that Zanaflex is being used as a second line option and for short-term treatment, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zanaflex use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg capsule, #30 for the bilateral shoulders:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Zanaflex Page(s): 63-64, 66, 77, 78-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Treatment Index, 12th Edition (web), 2014 Pain, Opioid - induced constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page (s): 63-64. Decision based on Non-MTUS Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnosis of shoulder pain. However, there is no documentation of an acute exacerbation of chronic pain and that Zanaflex is being used as a second line option. In addition, given documentation of medical records reflecting ongoing use of Zanaflex since at least January 2014, there is no documentation of short-term (less than two weeks) treatment. Furthermore, despite documentation that Zanaflex is helpful to reduce spasms, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Zanaflex use to date. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 2mg capsule, #30 for the bilateral shoulders is not medically necessary.