

<b>Case Number:</b>	CM14-0156494		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	05/15/2008
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 Physical Medicine and Rehabilitation 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:

This 48 year-old patient sustained an injury to the cervical, thoracic spine, right shoulder on 5/15/08. Request(s) under consideration include ZANAFLEX 4MG #90. Diagnoses include Cervicalgia, Myalgia and Myositis. Report of 9/10/14 from the provider noted the patient with chronic ongoing right shoulder, cervical, thoracic, and lumbar spine pain rated at 10/10 without and 5/10 with medications. It was noted Tylenol and Tramadol were not working as before causing some side effects of headaches, nausea, and dizziness. Celebrex and Tizanidine were reported as helping at night with rest and sleep. Exam showed unchanged moderate spasm in the right paravertebral cervical musculature; and positive twitch response. Treatment plan included discontinuation of Tylenol w/ codeine and Tramadol with prescription for Percocet, Celebrex (certified) and Zanaflex (partially-certified). The request(s) for ZANAFLEX 4MG #90 was modified for #20 for weaning purposes on 9/22/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZANAFLEX 4MG #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

**Decision rationale:** The Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2008. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. The ZANAFLEX 4MG #90 is not medically necessary and appropriate.