

<b>Case Number:</b>	CM14-0161668		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	10/27/2004
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 54-year-old woman who sustained a work related injury on October 27, 2004. Subsequently, she developed chronic left shoulder pain. The patient underwent left shoulder surgery in 2009 and anterior-posterior fusion in 2010. The patient felt that the decompression of the left shoulder helped her for a few years but the symptoms are coming back. The symptoms have become worse with time. According to a progress report dated July 1, 2014, the patient reported having significant left shoulder pain. She had completed 4 visits of the physical therapy, which helped reduce the pain significantly. She took Zanaflex 2 doses and did not note any pain relief. A left shoulder surgery has been already authorized. An orthopedic evaluation dated August 28, 2014 documented that the patient is having pain in the left shoulder with movement of the arm. Examination of the left shoulder revealed pain, Hawkins' test was positive and . provocative testing was positive. Range of motion of the left shoulder was limited by pain. The patient's diagnoses included major depression, left shoulder degenerative disc disease, cervical degenerative disc disease, left shoulder impingement syndrome, and bilateral upper extremities radiculopathy. The provider requested authorization for Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex x2 Weeks:** 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 Page(s): 63.

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain, does not have clear exacerbation of back or neck pain and spasm and the prolonged use of Zanaflex is not justified. There is no clear evidence of chronic myofascial pain and spasm. Furthermore, it has been documented that the patient took Zanaflex 2 doses and did not note any pain relief. Therefore, The request for Zanaflex is not medically necessary.