

<b>Case Number:</b>	CM14-0167750		
<b>Date Assigned:</b>	10/15/2014	<b>Date of Injury:</b>	11/18/1995
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 62-year-old female with a 1/7/11 date of injury. At the time (9/11/14) of request for authorization for Zanaflex 4mg, #90 with 2 refills, there is documentation of subjective (chronic pain affecting the low back, neck, and upper thoracic and arms) and objective (cervical spine 1+ spasms, and tenderness, 4/5 grip and wrist extension strength bilaterally, and positive trigger points) findings, current diagnoses (chronic neck pain and radicular arm pain from multilevel cervical disc degeneration and spinal stenosis; opioid dependent chronic pain syndrome; chronic right shoulder pain status post right shoulder arthroscopy; multilevel cervical and lumbar disc degeneration and spondylosis with disc space narrowing at C6-7 and severe foraminal stenosis; chronic regional pain syndrome type 2, fibromyalgia with muscle guarding), and treatment to date (physical therapy, electrical stimulation, psychoanalysis, acupuncture, trigger point injections, shoulder subacromial injection, and medications). 9/4/14 medical report identifies that with pain medications, the patient's quality of life is improved and patient can do most of the activities of daily living. There is no documentation of an acute exacerbation of chronic pain, that Zanaflex is being used as a second line option, and an intention for short-term treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg, #90 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (pain) Page(s): 67. Decision based on Non-MTUS Citation ODG (Pain chapter)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**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. ODG 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 diagnoses of chronic neck pain and radicular arm pain from multilevel cervical disc degeneration and spinal stenosis; opioid dependent chronic pain syndrome; chronic right shoulder pain status post right shoulder arthroscopy; multilevel cervical and lumbar disc degeneration and spondylosis with disc space narrowing at C6-7 and severe foraminal stenosis; chronic regional pain syndrome type 2, fibromyalgia with muscle guarding. However, there is no documentation of acute exacerbation of chronic pain and that Zanaflex is being used as a second line option. In addition, given documentation of a request for Zanaflex 4mg, #90 with 2 refills, there is no documentation of an intention for short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4mg, #90 with 2 refills is not medically necessary.