

<b>Case Number:</b>	CM14-0057486		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/03/2009
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Texas and Ohio. 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 injured worker is a 59-year-old male who reported an injury 12/03/2009. The mechanism of injury was not provided within the medical record. The clinical note dated 04/15/2014 indicated diagnoses of post-op wrist bilateral, cervical herniated disc multiple, thoracalgia, lumbar herniated disc multiple, probable posttraumatic hypertension, shoulder tenosynovitis, post-op left knee surgery failed, posttraumatic anxiety and depression, and probable posttraumatic insomnia. The injured worker reported left knee, right wrist, center posterior neck, center lower back, bilateral shoulders, and posterior right knee pain. The injured worker reported the left knee pain was moderate rated 7/10, most often experienced in the afternoon, during the night, in the evening and after light physical activity. The injured worker reported the pain radiated into the left buttock, the pain lessened by lying down, and medication while prolonged sitting, standing, walking, and weight bearing aggravated the condition. The injured worker reported central posterior neck pain as moderate and rated at 8/10. He reported aching experienced most often in the afternoon, during the night, in the evening after light physical activity, after moderate physical activity, and in the morning. The injured worker reported pain radiated into the back of the head, left arm, left shoulder, and left shoulder blade. The pain was lessened by lying down, medication, and stretching while neck movement, prolonged sitting, standing, walking and daily activities of living aggravated the condition. The injured worker reported center low back pain of 10/10 that he considered was the worst and considered to be severe. The injured worker reported the pain was constant described as aching, dull, sharp, stabbing, happening most often in the afternoon radiating into the left buttock, left foot, left upper back, right buttock, right foot and right upper back. The injured worker reported the pain was better by lying down and medication while bending, lifting, prolonged sitting; walking and daily activities of living aggravated the condition. The injured worker reported bilateral shoulder pain that he described

as aching. He reported it to be moderate and rated as 7/10. The injured worker reported the pain occurred most often in the afternoon, during the night, and in the evening and radiated into both elbows. The injured worker reported the pain was reduced by lying down and medication while driving, housework, lifting, pulling, pushing, and working aggravated the condition. The injured worker reported posttraumatic anxiety and depression. He was prescribed medication but reported he does not take it. He rated this symptom as 6/10 and considered it to be moderate to severe. The injured worker reported posterior right knee pain rated 9/10. The injured worker reported frequent pain that radiated into the right ankle and right calf as aching, sharp, stabbing, and most often in the afternoon, during the night, and in the evening and in the morning. The pain was aggravated by prolonged sitting, standing, walking, and weight bearing while medication alleviated the condition. On physical examination of the cervical spine, range of motion was decreased. The lumbar spine range of motion was decreased. The injured worker's shoulder range of motion was decreased and the injured worker's knee range of motion was decreased. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Zanaflex, Gabapentin, Vicoprofen, Zolpidem, and omeprazole. The provider submitted a request for Zanaflex. A request for authorization was not submitted for review to include the date the treatment was requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Zanaflex:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 2009 Page(s): 58-59.

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

**Decision rationale:** The request for Zanaflex is not medically necessary. The California Chronic Pain Medical Treatment Guidelines state Zanaflex is used as a second-line option for short-term treatment to decrease muscle spasm in conditions such as LBP although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. The injured worker has been prescribed Zanaflex since at least 04/15/2014. This exceeds the guideline recommendations for short-term. In addition, Zanaflex is used as a second line option. It was not indicated if the injured worker had tried a first line option. Moreover, there was lack of documentation of efficacy and functional improvement with the use of this medication. Additionally, the request did not indicate a dosage, frequency or quantity. Therefore, the request for Zanaflex is not medically necessary.