

<b>Case Number:</b>	CM14-0200688		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	02/22/2006
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Occupational Medicine, 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 patient is a 55 y/o female who developed increasing spinal pain subsequent to an injury dated 2/22/06. She has been diagnosed with chronic cervical pain and chronic low back pain with a radicular component. Treatment has included epidural injections and several oral analgesics that includes Neurontin, Wellbutrin, Percocet, and Zanaflex. For a time she was also receiving Norco, Soma and Valium from another physician. In May '14, the primary treating physician clearly documented that Zanaflex was not beneficial. She has had several months (greater than 9months) of gym access for pool exercises. There is a remote history of attendance, but no history of attendance and benefits from the most recent 3-month extension. Ambulation is documented to be limited to about 100yds due to her body habitus and the injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg quantity 240.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

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

**Decision rationale:** MTUS Guidelines allow for possible use of Zanaflex for chronic conditions under exception circumstances. However, it is clearly documented that it is not beneficial for her. In addition her prior concurrent use of Soma and Valium would indicate a lack of benefits from the Zanaflex. The Zanaflex 4mg. #240 is not medically necessary.

**Gym membership (months) quantity 3.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, ([www.odgtreatment.com](http://www.odgtreatment.com)) Work loss data institute

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** The request for another extension of gym membership appears to essentially be a request for access to a pool for aquatic exercising. MTUS Guidelines recommended possible limited pool access when there is difficulty with land-based exercises due to body habitus or neurological conditions. Remote documentation (6 months ago) states that she has attended in the past, but there is no up to date documentation of attendance, meaningful benefits or beneficial impact on other treatments i.e. diminished medication use during her last 3-month extension. Under these circumstances, another extension is not consistent with Guidelines and another 3-month extension is not medically necessary.