

<b>Case Number:</b>	CM14-0206314		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	10/22/2013
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 Family Practice, 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 worker is a 34 year old male who was injured on 10/22/2013 after pulling hard with his right upper arm. He was diagnosed with shoulder pain and cervical strain. He was treated with medications, physical therapy, group psychotherapy, and a work hardening program. Out of the medications that he was offered, he was treated with Flexeril, but experienced sedation and so it was discontinued. Skelaxin was then used regularly, but stopped due to its "failure." Then he was restarted on Flexeril. On 10/17/2014, the worker was seen by his treating physician reporting continual right shoulder pain, which had increased since last visit. He reported taking Celebrex, but did not recently receive his Flexeril or Ultram, which he had been using regularly. Physical examination revealed cervical muscle spasms with tenderness, and right shoulder positive Hawkin's test, positive Neer's test, and positive drop arm test. He was then recommended to do a trial of Zanaflex in lieu of the Flexeril, which had not been obtained by the worker. He was also recommended to continue his Celebrex and Ultram, if possible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #30:** 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): 63-66.

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The worker in this case had been using muscle relaxants including Skelaxin and Flexeril chronically for many months, and due to a failure of approval of the Flexeril, Zanaflex was ordered instead for a trial. Another muscle relaxant, regardless of its effectiveness at reducing spasm, would still not be appropriate to use in a chronic pattern as was the intention here. Also, there did not seem to be any evidence to suggest that at the time of this request, the worker was experiencing a flare up, but was rather most likely experiencing increased pain from Ultram and Flexeril not being approved. Therefore, the Zanaflex is not medically necessary.