

<b>Case Number:</b>	CM14-0208549		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 49 year old male who was injured on 2/2/2010. He was diagnosed with carpal tunnel syndrome, epicondylitis, cervical stenosis with radiculopathy, shoulder pain, entrapment neuropathy of upper limb, and low back pain. He was treated with various medications, injections, nerve ablation, physical therapy, surgery, and TENS. On 11/20/14, the worker was seen by his treating physician reporting neck pain and bilateral upper extremity pain, rated 2/10 on the pain scale with the medications prescribed and 7/10 on the pain scale without any medications. He reported poor quality sleep. He reported using trazodone, Lyrica, Flexeril, Nexium, Colace, Sonokot, Cymbalta, Roxicodone, and Zanaflex. Physical examination findings included BMI 31, normal gait, tenderness of the upper back and neck paraspinal muscles, spasm and tenderness of the lumbar paraspinal muscles, negative straight leg raise test, tenderness of the right lateral epicondyle, and decreased sensation over middle and ring finger on the right hand. He was then recommended to continue to use Zanaflex and not Flexeril due to Flexeril not being approved. His other medications were also recommended to be continued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication: Zanaflex 4mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

**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. In the case of this worker, there was chronic use of muscle relaxants for helping relieve muscle spasm. Muscle spasm was noted on examination in the progress note. However, long-term use of Zanaflex for chronic pain as such is not recommended, and therefore, the Zanaflex will be considered medically unnecessary to continue.