

<b>Case Number:</b>	CM14-0219296		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	10/02/2007
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 26 year old male, who sustained an industrial injury on 10/02/2007. He has reported shoulder, back and ankle pain. The diagnoses have included lumbago, chronic right shoulder pain, chronic low back pain, chronic right ankle pain, and left shoulder pain. Treatment to date has included medication management. He underwent ankle surgery for an anterior talofibular ligament tear on 1/14/2011 and right shoulder arthroscopic surgery dated August 2008. Currently, the IW complains of ongoing shoulder, back and ankle pain. He is working full time and exercising consistently. He continues to do well on the medication regimen. Pain level without medications is an 8/10, and with medications it comes down to 4/10. Medications are allowing him to continue activities of daily living. Medications kick in within 20 to 25 minutes and provide 4-6 hours of pain relief. Magnetic resonance imaging (MRI) of the right shoulder dated 12/04/2009 is read by the evaluating provider as showing irregularity of bone and soft tissue along the anterior-inferior quadrant of the glenoid, mild wear of cuff fibers but no discrete cuff tear. MRI of the lumbar spine dated 3/16/0009 showed minimal degenerative changes at L4-5 and L5-S1. MRI of the left shoulder dated 3/28/2011 with GAD revealed chondral Bankart deformity, possible tear at the labrum, and possible avulsion of the superior labrum. On 12/03/2014, Utilization Review modified a prescription for Zanaflex 4mg #60 noting the lack of medical necessity. The MTUS guideline was cited. On 12/31/2014, the injured worker submitted an application for IMR for review of Zanaflex 4mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg, #60:** 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.

**Decision rationale:** According to MTUS guidelines, a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain, does not have clear exacerbation of back pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm.