

<b>Case Number:</b>	CM14-0083427		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/25/2009
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 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:

The injured worker experienced a 54-year-old female who experienced an industrial injury 09/25/09 whom struck her shoulder while unloading boxes. The patient was evaluated 04/24/14 for complaints of worsening and extreme neck pain of 10/10 and bilateral shoulder pain of 10/10 which was also worsening. The physician's physical examination revealed decreased range of motion in the cervical spine in all directions and tenderness. Spurling was positive on the left, cervical compression was positive. There was normal strength and sensation on the right and decreased strength and sensation at C5-8. Deep tendon reflexes were intact. The right shoulder had decreased flexion to 130 degrees, abduction to 110 degrees, external rotation to 70 degrees and internal rotation was full. Diagnoses were status post spinal cord stimulator implant, cervical sprain strain, left trapezius sprain strain, left shoulder adhesive capsulitis resolving status post left shoulder revision arthroscopy subacromial decompression, status post left knee surgery, right shoulder sprain strain and history of reflex sympathetic dystrophy in the past. The treatment plan was to obtain a cervical spine CT, EMG, consult with a spine surgeon for the cervical spine, refill Vicodin as it reduces her pain from 10/10 to 5/10, refill Restoril, as it helps her get a good night's sleep and Tizanidine helps her with spasticity and refilled the Elavil. The utilization review organization did not approve, nor recommend the usage of Zanaflex, noting it was not medically necessary.

### 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 (for pain)/ NSAIDs Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), per ODG website, Zanaflex 4 mg

**Decision rationale:** Treatment guidelines state that muscle relaxants are recommended for short-term for acute spasms of the lumbar spine. The guidelines state that muscle relaxers are more effective than placebo in the management of back pain, but the effect is modest and comes with greater adverse effects. The medication effect is greatest in the first 4 days, suggesting shorter courses may be better. Treatment should be brief and not recommended to be used longer than 2-3 weeks. Request is not reasonable as there is no documentation of spasms on exam and patient has been taking medication for longer than 3 weeks and it is not recommended for long term use. Therefore, this request is not medically necessary.