

<b>Case Number:</b>	CM15-0004352		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	04/14/1997
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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 60 year old female, who sustained an industrial injury on 4/14/1997. She reported pain in the neck, shoulders, and upper back, and migraine headaches. The diagnoses have included chronic cervicgia and chronic cervical radiculopathy. Treatment to date has included trigger point injection, epidural injection, lidoderm patches, analgesics, pool therapy, home exercise, and massage. Currently, the IW complains of continued neck and shoulder pain. Reported relief with Zanaflex for muscle spasms. Physical examination from December 9, 2014 documented decreased cervical spine extension, flexion and rotation, tenderness to neck and right shoulder also with decreased Range of Motion (ROM). Mid back showed tenderness with no guarding. Diagnoses included chronic mid back pain, chronic right shoulder pain, chronic neck pain postoperative x 2. On 12/19/2014 Utilization Review non-certified a Zanaflex 6mg #60 with two (2) refills QTY #180, noting the length of treatment per guidelines exceeded recommendations. The MTUS Guidelines was cited. On 1/9/2015, the injured worker submitted an application for IMR for review of Zanaflex 6mg #60 with two (2) refills QTY #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 6 mg # 60 with 2 refills # 180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**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 excacerbation of neck and shoulder pain and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, The request for Zanaflex 6mg is not medically necessary.