

<b>Case Number:</b>	CM15-0130179		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old female injured worker suffered an industrial injury on 05/16/2013. The diagnoses included lumbar spinal stenosis, lumbar anterolithesis, cervical spondylosis, right carpal tunnel syndrome and right full thickness rotator cuff tear with retractions. The diagnostics included hip x-rays, right shoulder magnetic resonance imaging, upper extremity electromyographic studies and cervical/lumbar magnetic resonance imaging. The treatments included medications. On 6/3/2015 the treating provider reported she was in obvious discomfort. She had right cervical tenderness and lumbar spine muscle tenderness along with positive straight leg raise. It was not clear the injured worker had returned to work. The requested treatments included Zanaflex 4 mg, thirty count.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg, thirty count with unspecified number of refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

**Decision rationale:** MTUS Chronic pain Medical Treatment Guidelines recommended oral muscle relaxants for a short course 2 to 3 weeks for acute neck and back conditions or for acute exacerbations and any repeated use should be contingent on evidence of specific prior benefit. Efficacy diminished overtime and prolonged use may lead to dependence. The preference is for non-sedating muscle relaxants. There are also indications for post-operative use. The documentation provided did not include any muscle spasms on exam or indicate there was an acute neck or back conditions or an acute exacerbation. Therefore, Zanaflex was not medically necessary.