

<b>Case Number:</b>	CM15-0138097		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	03/24/2008
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 57 year old male, who sustained an industrial injury on 3/24/2008. He reported tripping over a pallet, landing on his left knee and shoulder. The injured worker was diagnosed as having chronic neck pain, cervical myelopathy, and history of vertebral fracture with cervical fusion, central protruding cervical disc causing moderate spinal stenosis, chronic low back pain with radiculopathy, and bilateral shoulder pain. Treatment to date has included medications, magnetic resonance imaging of the cervical spine, and cervical spine surgery, magnetic resonance imaging of the right shoulder (7/1/2015). He retired in 2010. The request is for Zanaflex. The records indicate he has been utilizing Zanaflex since 2009. On 2/16/2015, he complained of ongoing neck and low back pain. He rated the neck pain as 6/10, and low back pain 9/10. His current medications are: Norco, Duragesic, Neurontin, and Zanaflex. He indicated his pain as 4/10 with medications and 9/10 without medications. He reported with medications he is able to get out of bed, sit and watch movies with his wife, walk 20 minutes per day, and sees his grandchildren play sports. He denied adverse side effects. The provider indicated they have a signed pain agreement on file, and noted a urine drug screen on 8/14/2014 was consistent. He indicated Zanaflex helps with muscle spasms. Objective findings are noted as no significant change. The treatment plan included: Norco, Duragesic, Relafen, Neurontin 800mg, Neurontin 400mg, Zanaflex, and Trazodone; and physical therapy. On 6/8/2015, he complained of low back, neck, left elbow, left knee, and left lower arm pain. He indicated his pain is down from 9/10 to 4/10 with the use of Norco, and Duragesic patches. Current medications are: Norco, Duragesic, Relafen, Neurontin, Zanaflex, and Colace. Objective findings noted he utilizes a front wheeled walker, right shoulder abduction is limited, and positive Hawkins and

Neers tests are noted. The treatment plan included: Norco, Duragesic, Neurontin, Relafen, and Zanaflex.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective Zanaflex 4mg QTY: 60 (DOS: 6/8/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

**Decision rationale:** The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Zanaflex. This is not medically necessary and the original UR decision is upheld.