

<b>Case Number:</b>	CM15-0161676		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Texas, New York, California  
 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of February 14, 2014. In a Utilization Review report dated July 17, 2015, the claims administrator approved a request for Tramadol while denying a request for Zanaflex. A shoulder corticosteroid injection was approved. The claims administrator referenced a July 7, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On August 8, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of shoulder pain. Zanaflex was appealed. The attending provider contended that Zanaflex had proven beneficial in terms of ameliorating the applicant's sleep and complaints of spasm. Both Tramadol and Zanaflex were endorsed. The attending provider stated, through preprinted checkboxes, that the medications were helpful. 7-8/10 pain with medications was reported versus 8/10 pain without medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2 mg Qty 120, 1-2 by mouth 3 times daily as needed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

**Decision rationale:** No, the request for Zanaflex (tizanidine), an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine (Zanaflex) is FDA approved in the management of spasticity but can be employed for unlabeled use for low back pain, here, however, the applicant's sole pain generator was the shoulder, not the low back. This recommendation is, moreover, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant was off of work, it was reported on August 18, 2015. Ongoing usage of tizanidine (Zanaflex) failed to curtail the applicant's dependence on opioid agents such as Tramadol, it was acknowledged on that date. Medication consumption was generating, at best, minimal reduction of pain scores from 8/10 without medications to 7-8/10 with medications. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Zanaflex. Therefore, the request was not medically necessary.