

<b>Case Number:</b>	CM15-0167922		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	10/02/2004
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 54 year old female sustained an industrial injury to the right elbow on 10-2-04. Recent treatment consisted of medication management. Electrodiagnostic testing (2-21-13) showed no evidence of cervical spine radiculopathy. In a PR-2 dated 2-13-15, the injured worker continued to do well on her current medications (Zanaflex, Zolof, Omeprazole and Motrin). Physical exam was remarkable for right shoulder with restricted range of motion. In a PR-2 dated 5-8-15, the injured worker complained of ongoing shoulder pain rated 5 out of 10 without medications. With Zanaflex, the injured worker's pain dropped to 1 to 2 out of 10. The injured worker had been able to do part time work. Physical exam was remarkable for tenderness to palpation, mild spasms and twitching to the right trapezius with decreased range of motion. In a PR-2 dated 6-5-15, the injured worker presented for evaluation of ongoing shoulder pain. The injured worker continued to do well with Motrin, Omeprazole and Zanaflex. Objective findings were noted as no significant changes. Current diagnoses included chronic right shoulder pain, history of right shoulder surgery may 2005, persistent neck and right upper extremity pain and chronic pain syndrome. The treatment plan consisted of continuing medications (Motrin, Omeprazole, Zolof and Zanaflex).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Zanaflex (Tizandiine) 4mg #30 with 2 refills (DOS 7-9-15):** Overturned

**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): Muscle relaxants (for pain).

**Decision rationale:** MTUS generally discourages the use of muscle relaxants for chronic conditions. For this reason an initial physician review recommended non-certification of this medication. However with regard to Tizanidine, MTUS discusses and endorses multiple studies regarding its efficacy for low back pain and myofascial pain and recommends its use as a first line treatment in such chronic situations. Thus the current request is consistent with MTUS guidelines; the request is medically necessary.