

<b>Case Number:</b>	CM15-0191619		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	08/08/2009
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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, California

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 55 year old female, who sustained an industrial injury on August 08, 2009. The injured worker was diagnosed as having right shoulder tear. Treatment and diagnostic studies to date have included medication regimen and laboratory studies. In a progress note dated August 25, 2015 the treating physician reported that the injured worker's pain "is the same". Examination performed on August 25, 2015 was revealing for the right shoulder to be "essentially unchanged". On August 25, 2015 the injured worker's current medication regimen included Zanaflex (since at least August of 2015), Norco (prescribed since at least February of 2015), and Tramadol (prescribed since at least February of 2015) with the treating physician noting that these medications were "alleviating" the injured worker's pain and "will be needed on an ongoing basis", but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The progress note from July 30, 2015 noted the injured worker's pain level to be 6 out of 10, but did not indicate the injured worker's pain level prior to the use of her medication regimen and after the use of her medication regimen to determine the effects of the injured worker's medication regimen. The examination on July 30, 2015 noted right shoulder pain that increases with activity. On August 25, 2015 the treating physician requested the medication of Zanaflex 4mg with a quantity of 90 noting current

use of this medication as indicated above. On September 03, 2015 the Utilization Review denied the request for Zanaflex 4mg with a quantity of 90.

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

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

**Zanaflex 4mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** According to the MTUS guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. It falls under the category of muscle relaxants. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on muscle relaxants the prior months including Baclofen. Continued and chronic use of muscle relaxants /antispasmodics is not medically necessary. Therefore Zanaflex is not medically necessary.