

<b>Case Number:</b>	CM15-0203907		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 47 year old female, who sustained an industrial injury on 2-27-2012. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for neck pain, cervical degenerative disc disease (DDD), cervical stenosis and shoulder myofascial pain. Medical records dated 7-29-2015 and 9-17-2015 indicate the injured worker complains of left shoulder pain. She reports 6-7 hours of sleep with medication. Physical exam dated 9-17-2015 notes shoulder tenderness to palpation. Treatment to date has included physical therapy, home exercise program (HEP), Norco, Gabapentin, Elavil, Ambien, Lisinopril and Soma. The original utilization review dated 9-28-2015 indicates the request for Zanaflex 4mg #30 with 1 refill is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine (Zanaflex) 4mg, #30, 1 refill:** Upheld

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

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

**Decision rationale:** Per the CA MTUS/Chronic Pain Treatment Guidelines, page 66, Zanaflex is appropriate for chronic myofascial pain syndrome and is approved for spasticity. Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 29, Carisoprodol (Soma), does not recommend Soma for long term use. It is a skeletal muscle relaxant, which has abuse potential due to its sedative and relaxant effects. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. As the injured worker is already taking Soma, the addition of another muscle relaxant is not recommended. She was injured in 2012 and the guidelines do not recommend long-term use of muscle relaxants. Muscle relaxants are recommended for short term treatment of acute exacerbations in patients with chronic pain and there is no indication from the submitted documentation that there has been an acute flare in pain. Therefore the request is not medically necessary.