

<b>Case Number:</b>	CM15-0205468		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	05/04/2009
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45 year old female, who sustained an industrial injury on 5-4-2009. Medical records indicate the worker is undergoing treatment for injury to the face and neck, face bone fracture, muscle spasm and visual loss. A recent progress report dated 9-14-2015, reported the injured worker complained of headache rated 6 and good pain control with current medications. Physical examination revealed she is missing her left eye and wearing dark glasses with healed wounds on face and hairline. Treatment to date has included TENS (transcutaneous electrical nerve stimulation), psychiatrist, physical therapy and medication management. The physician is requesting Zanaflex 4mg #30. On 9-26-2015, the Utilization Review non-certified the request for Zanaflex 4mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg #30:** 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:** The claimant sustained a work injury in May 2009 with significant facial trauma as the result of a blast injury including left orbital fractures and a ruptured left globe as well as injury to the right eye. She continues to be treated for neck pain and eye pressure. In March 2015 medications were ibuprofen and Tizanidine. When seen, Ultracin was also being prescribed. Medications were helping with pain and being tolerated. Physical examination findings included wearing dark glasses. He had ongoing impairment of vision. There were healed surgical wounds. There was left anophthalmia. Zanaflex (Tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and it is being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.