

<b>Case Number:</b>	CM15-0209585		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	08/22/2009
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2015

### 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, 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 46 year old male, who sustained an industrial injury on 8-22-09. Medical records indicate that the injured worker is undergoing treatment for cervical disc disease, cervical radiculitis, neck pain and carpal tunnel syndrome. The injured worker was noted to be permanent and stationary. The injured workers current work status was not indicated. On (8-11-15 and 6-3-15) the injured worker reported weakness in right grip and numbness in the fourth and fifth fingers. The pain was rated 3 out of 10 on the visual analog scale. Objective findings revealed the cervical spine range of motion to be decreased. Right hand strength was 4 out of 5. A Tinel's test was positive at the right elbow. Treatment and evaluation to date has included medications, electromyography-nerve, conduction studies, toxicology screen, MRI, physical therapy and a cervical fusion on 7/26/2010. Current medications include diclofenac sodium, Flexeril, Norco and Gabapentin. The patient sustained the injury due to a MVA. The patient had EMG of upper extremity on 6/11/12 that revealed bilateral CTS; X-ray of the cervical spine on 3/31/10 that revealed degenerative changes; MRI of the cervical spine on 3/31/10 that revealed disc protrusions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #120:** Overturned

**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): Antiepilepsy drugs (AEDs).

**Decision rationale:** Request: Zanaflex 4mg #120 According to MTUS guidelines "Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain.(Chou, 2007) One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. May also provide benefit as an adjunct treatment for fibromyalgia." The patient had diagnoses of cervical disc disease, cervical radiculitis, and neck pain. Objective findings revealed the cervical spine range of motion to be decreased. Right hand strength was 4 out of 5. A Tinel's test was positive at the right elbow. The patient has had history of cervical fusion on 7/26/ 2010. X-ray of the cervical spine on 3/31/10 that revealed degenerative changes; MRI of the cervical spine on 3/31/10 that revealed disc protrusions. There is evidence of significant abnormal objective findings consistent with chronic myofascial pain. The patient's condition is prone to exacerbations. The request for Zanaflex 4mg #120 is medically appropriate and necessary in this patient at this time.