

<b>Case Number:</b>	CM15-0209795		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	12/14/2014
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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: California, Hawaii

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:

The injured worker is a 43 year old male who sustained an industrial injury on 12-14-14. He is working with restrictions. The medical records indicate that the injured worker has been treated for sprain of ligaments, cervical region; strain of muscle, fascia and tendons at neck level; myofascial pain; compression fracture of unspecified thoracic vertebra. He currently (10-13-15) complains of upper, mid and lower back pain; muscle stiffness and spasms about the neck and lower back region. His pain level was 3 out of 10 with medication and 8-9 out of 10 without medication. Pain levels from 9-14-15 indicate 7-8 out of 10 for the neck and 5-6 out of 10 for the back and did not specify if these were with or without medication. Documentation (10-13-15) notes functional improvement with activities of daily living and improvement in pain with current medication regimen and he is able to keep working. The physical exam revealed tenderness over the right posterior cervical paraspinal musculature, where muscle spasms and trigger points were noted, decreased range of motion; tenderness midline thoracic spine from T5-7 and in the right paraspinal muscles and normal range of motion. In the physical exam from 9-14-15 and prior exams did not mention the presence of muscle spasms. Treatments to date include acupuncture with temporary benefit; physical therapy with no relief; medications: Norco, Robaxin, omeprazole, Celexa. In the progress note dated 10-13-15 the treating provider's plan of care included a request for trial of Zanaflex and to discontinue Robaxin. The request for authorization was not present. On 10-23-15 Utilization Review non-certified the request for Zanaflex 2mg #30, modified to #20.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 2mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The most relevant progress report dated 10/13/15, indicates the patient still has ongoing complaints of upper, mid, and lower back pain, as well as stiffness and muscle spasms of the neck and lower back region. The current request for consideration is Zanaflex 2mg #30. The 10/3/15 progress report recommends discontinuation of Robaxin and a trial of Zanaflex 20mg daily as needed #30. The MTUS guidelines do recommend Tizanidine and states that it may be effective in reducing pain and muscle tension as well as increasing mobility. Unlike many other muscle relaxants which are for short-term use, Zanaflex is approved for long-term usage. In this case, the attending physician has noted that the patient's pain level is an 8-9/10 without medications and 3/10 with medication. The patient is working with restrictions. Furthermore, the attending physician has noted muscle spasms and trigger points in the posterior cervical paraspinal region. The records indicate that the patient only uses muscle relaxants on an as needed basis. As such, the current documentation does support the request of Zanaflex 20mg daily as needed #30 and is not medically necessary.