

<b>Case Number:</b>	CM15-0038391		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, Washington

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 43-year-old male who reported an injury on 08/08/2011. The mechanism of injury was not stated. The current diagnoses include neck pain and right upper extremity, migraines, status post radiofrequency ablation in 2012, and cervical stenosis. The injured worker presented on 02/23/2015 with complaints of ongoing neck pain with radicular symptoms into the upper extremities. The injured worker was also status post cervical epidural injection on 02/13/2015 with 70% reduction of symptoms. The current medication regimen includes Norco, Zanaflex, Imitrex, amitriptyline, Lunesta, and Reglan. Upon examination, there was tenderness to palpation over the lower trapezius muscle and rhomboid muscles on the left, radiating pattern up and down from the pressure point, significantly increased pain with rotation, and tenderness over the cervical paraspinal muscles. Recommendations included continuation of the current medication regimen and a repeat radiofrequency ablation of the cervical spine. A Request for Authorization form was then submitted on 03/05/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg quantity 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Antispasticity/Antispasmodic Drugs Page(s): 63 and 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Muscle relaxants are not recommended for long-term use. The injured worker has utilized the above medication since at least 09/2014 without any evidence of objective functional improvement. There was also no frequency listed in the request. Given the above, the request is not medically necessary.